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ABSTRACT

This report provides information on the proposed Health Professions Education Consolidation and Reauthorization Act of 1995, which is designed to reauthorize and consolidate 44 different federal health professions training programs currently authorized under Titles VII and VIII of the Public Health Service Act. It also reauthorizes a variety of other public health service programs. Section 1 provides a summary of the bill, while section 2 outlines the background and need for the legislation. Section 3 describes the legislative history and committee action that affected the bill, while section 4 presents the views of the Senate Committee on Labor and Human Resources in regard to the bill. Section 5 provides a cost estimate of the legislation, while section 6 contains a regulatory impact statement. Section 7 contains a section-by-section analysis of the bill, while section 8 provides additional views on the bill. Section 9 details the changes to existing law that the bill will enact. (MDM)

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ED 384 308

Calendar No. 121

104TH CONGRESS
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SENATE

REPORT
104–93

HEALTH PROFESSIONS EDUCATION CONSOLIDATION AND REAUTHORIZATION ACT OF 1995

JUNE 6 (legislative day, JUNE 5), 1995.—Ordered to be printed

Mrs. KASSEBAUM, from the Committee on Labor and Human Resources, submitted the following

REPORT

together with

ADDITIONAL VIEWS

[To accompany S. 555]

The Committee on Labor and Human Resources, to which was referred the bill (S. 555) to amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes, having considered the same, reports favorably thereon with amendment 9 and recommends that the bill as amended do pass.

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I. SUMMARY OF THE BILL

The general focus of this legislation is to reauthorize and consolidate 44 different Federal health professions training programs currently authorized under titles VII and VIII of the Public Health

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Service Act. It also reauthorizes a variety of other public health service programs. As a result of this legislation, funding for these health professions efforts would be reduced from current appropriated levels by 7.5 percent during the reauthorization period.

These 44 programs are consolidated into 6 general and flexible authorities which are designed to train health providers most inclined to enter practice in rural and other medically underserved areas. The six general authorities provide for: The training of primary care providers and minority and disadvantaged students, education financial assistance, the establishment and operation of area health education centers, nursing education, and general health care work-force development. To ensure that these programs are accountable and effective, each grant applicant would be required to have a strong evaluation component.

A. Family Medicine, General Internal Medicine, General Pediatrics, Preventive Medicine, Physician Assistants, and General Dentistry

Purposes: (1) Provide for the training of family physicians, general internists, general pediatricians, preventive medicine physicians, physician assistants, and general dentists to improve access to and quality of health care in underserved areas and to enhance state and local public health infrastructure; (2) Provide administrative flexibility and simplification.

General Description: Under this provision, funding for family physician, general pediatrician, general internist, preventive medicine physician, physician assistant, and general dentistry training would be authorized. These providers are generally needed to fill both rural and underserved health professional shortage areas and to help improve staffing in public health departments. Generally, priority would be given to programs which have a history of training health professionals who eventually enter practice in rural and urban underserved areas. In addition, general dentistry training would be funded if the Secretary first determines that such personnel are nationally in short supply.

Current Law Authorities Consolidated:

(1) Family Medicine Training
(2) General Internal Medicine and General Pediatrics Training
(3) Physician Assistant Training
(4) Preventive Medicine and Dental Public Health
(5) Geriatric Medicine and Dentistry Faculty Development
(6) General Dentistry Training

Summary of Provisions:

ELIGIBLE ENTITIES

Health professions schools, academic health centers, or other public or private nonprofit entities could apply.

ACTIVITIES

Grants and contracts would be made as appropriate to develop, operate, expand, or improve:

1. Departments (or academic administrative units) of family medicine.

2. Residency training programs in family medicine, general internal medicine, general pediatrics, preventive medicine, or general dentistry.
3. Physician assistant training programs.
4. Faculty development initiatives in primary care, including geriatrics.
5. Medical school primary care training initiatives.

Departments of Family Medicine

Departments of family medicine would be funded. Such units lead to a greater number of medical students choosing careers in primary care.

Residency Training Programs

Family medicine, general internal medicine, and general pediatrics residency programs would compete with one other for funding. Two outcome standards would be established to determine a funding preference. First, those programs with the highest percentage of providers who enter primary care practice upon the completion of training would receive a priority. In addition, programs which successfully produce professionals who go on to provide service in underserved areas would receive a preference.

Preventive medicine residencies would not compete for funding with family medicine, general internal medicine, or general pediatrics. Rather, they would receive an appropriate amount of funding, as determined by the Secretary. A preference would be given to those programs which train a high percentage of individuals who enter practice in state and local public health departments.

In addition, general dentistry residencies would not compete for funding with the other residency programs. Rather, they would receive an appropriate amount of funding, as determined by the Secretary. These programs would only receive funding if the Secretary first determines that general dentists are nationally in short-supply.

Physician Assistant Training Programs

Physician assistant training programs would receive an appropriate amount of funding, as determined by the Secretary, from the appropriation for this section. Those programs which have a higher output of providers who eventually enter practice in underserved areas would receive a preference for funding.

Faculty Development

The Secretary would determine which type of faculty development projects to fund based on national and State work force goals. Geriatric fellowships and faculty development could be funded.

Medical School Primary Care Training

Primary care training activities at medical schools would be funded through departments (or administrative units) of family medicine, general internal medicine, or general pediatrics. Applications from general internal medicine and general pediatrics administrative units would be required to demonstrate their institution's commitment to primary care education by: (1) a mission statement which has a primary care medical education objective; (2) faculty role models and administrative units in primary care, and (3) required undergraduate community-based medical student clerkships in family medicine, internal medicine, and pediatrics.

AUTHORIZATION

There would be $76 million authorized for fiscal year 1996 and such sums as necessary through fiscal year 1999. Combined funding for these authorities in fiscal year 1995 is $79.015 million. Family medicine departments would receive no less than 12 percent of the overall funding. This is consistent with the current set-aside that such departments receive.

B. Minority and Disadvantaged Health Professionals Training

Purposes: (1) Provide for the training of minority and disadvantaged health professionals to improve health care access in underserved areas and to improve representation in the health professions; and (2) Provide administrative flexibility and simplification.

General Description: Under this provision, the Secretary would have broad discretion to fund projects which improve the number and quality of minority and disadvantaged health professionals. Many believe that an increased number of minority and disadvantaged providers would result in improvements of services in underserved areas because such individuals tend to practice in those areas more than others. Generally, most minority groups are currently under-represented in the health professions relative to their representation within the entire U.S. population.

Current Law Authorities Consolidated:

(1) Centers of Excellence in Minority Health
(2) Health Careers Opportunity Program
(3) Minority Faculty Fellowships
(4) Faculty Loan Repayment

Summary of Provisions:

ELIGIBLE ENTITIES

Schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, allied health professions schools; schools offering graduate programs in mental health practice; State or local governments; a consortia of health professions schools; or other public or private nonprofit entities could apply.

ACTIVITIES

Grants and contracts would be made, as appropriate, to plan, develop, or operate:

(1) Demonstration programs.
(2) Minority faculty development and loan repayment programs.
(3) Programs to develop the pipeline for individuals from disadvantaged backgrounds to enter and remain in health professions schools.

(4) Programs of excellence in health professions institutions to increase the number of minority individuals trained in health professions disciplines.

(5) For the provision of technical assistance, work force analysis, and information dissemination.

Any grant which is funded could incorporate one or all of these activities. In addition, a preference would be given to projects which involve more than one health profession discipline or training institution and, beginning in fiscal year 1999, for centers of excellence at certain Historically Black Colleges and Universities.

The Secretary would fund grant applications which have the greatest chance of improving minority representation in the health professions and which have an above average record of retention and graduation of individuals from disadvantaged backgrounds.

AUTHORIZATION

There would be $51 million authorized for fiscal year 1996 and such sums as necessary through fiscal year 1999. Combined funding for these authorities in fiscal year 1995 is $50.806 million. For fiscal years 1996 through 1998, there would be a $12 million set-a-side for the centers of excellence at certain Historically Black Colleges and Universities. This is consistent with the current set-aside that such institutions receive.

C. Area Health Education Centers and Other Education Centers

Purposes: (1) Provide support for training centers remote from health professions schools to improve and maintain the distribution of health providers in rural and urban underserved areas; (2) Provide support for geriatric training centers and public health training centers; (3) Provide administrative flexibility and simplification.

General Description: This authority would enhance the community-based training in underserved areas of various health professionals. This goal would be achieved through greater flexibility in the design of such programs and through the leveraging of State and local resources. Area Health Education Centers (AHEC's) are generally located in underserved areas. Exposure to these settings is generally recognized as a determinant in whether a health professional returns to practice in such settings. In addition, these centers help support practicing providers in such areas through continuing medical education programs. Geriatric training centers and public health training centers would also receive funding from the combined appropriation for this provision.

Current Law Authorities Consolidated:

(1) Area Health Education Centers
(2) Health Education and Training Centers
(3) Geriatric Education Centers
(4) Rural Health Interdisciplinary Training
(5) Public Health Special Projects

Summary of Provision:

ELIGIBLE ENTITIES

Health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities.

ACTIVITIES

I. Area Health Education Centers. Grants and contracts would be made as appropriate to plan, develop, operate, expand, conduct demonstration projects, and to provide trainee support, for projects which:

1. Improve the distribution, supply, quality, utilization, and efficiency of personnel providing health services in urban and rural underserved populations.
2. Encourage the regionalization of educational responsibilities of the health professions schools into urban and rural underserved areas.
3. Prepare individuals effectively to provide health services in underserved areas through: preceptorships, the conduct or affiliation with community-based primary care residency programs, agreements with community-based organizations for the delivery of education and training in the health professions, and other programs.
4. Conduct interdisciplinary training of the various health professions.
5. Provide continuing medical and health professional education to professionals practicing in the underserved areas served by the grantee.

A preference would be given to projects which involve one or more health professions discipline or training institution, train individuals who actually enter practice in underserved areas, and have a high output of graduates who enter primary care practice.

II. Geriatric Education Centers. Grants and contracts would be made for the establishment of geriatric education centers. Such centers would be required to provide training opportunities for students, interns and residents, and practicing health providers.

III. Public Health Training Centers. Grants and contracts would be made for the operation of public health training centers. Funded projects would be based on the goals and objectives of Healthy People 2000.

AUTHORIZATION

There would be $43 million authorized for fiscal year 1996 which would be reduced to $29 million by fiscal year 1999. Combined funding for these authorities in fiscal year 1995 is $41,541 million. The $14 million in funding reductions over the 3 year period is equivalent to the current combined appropriations for the Health Education and Training Centers, Rural Health Interdisciplinary Training Programs, and the geriatric training centers. Funding will be phased down to allow for the completion of current project funding periods.

D. Health Professions Work Force Development

Purpose. Provide support to strengthen capacity for the education of individuals in certain health professions which the Secretary determines to have a severe shortage of personnel and to improve the care of underserved populations and other high-risk groups.

Current Law Authorities Consolidated:

(1) Health Administration Traineeships and Special Projects
(2) Geriatric Optometry Training
(3) Allied Health Advanced Training and Special Projects
(4) Podiatric Primary Care Residency Training
(5) Chiropractic Demonstration Projects
(6) AIDS Dental Services

Summary of Provisions:

ELIGIBLE ENTITIES

Schools of medicine, osteopathic medicine, public health, dentistry, allied health, optometry, podiatric medicine, chiropractic medicine, veterinary medicine, pharmacy, or graduate programs in mental health practice.

ACTIVITIES

Grants and contracts would be made as appropriate to plan, develop, or operate programs to strengthen the capacity for health professions education and practice. The Secretary shall have broad discretion to fund projects, but shall give priority to projects which would improve care for underserved populations and other high-risk groups and which would increase the number of practitioners in any health professions field for which the Secretary determines there is a severe shortage of professionals.

In general, funds under this section could be used to provide for faculty development, model demonstration projects, trainee support, technical assistance, or work force analysis.

AUTHORIZATION

There would be $16 million authorized for fiscal year 1996 and such sums as necessary for fiscal years 1997 through 1999. Combined funding for these authorities in fiscal year 1995 is $13.467 million.

E. Nursing Work Force Development

Purposes: (1) Provide for the training of advanced degree nurses and other nurses to improve access to and quality of health care in underserved medical and public health areas; and (2) Provide administrative flexibility and simplification.

General Description: This proposal would provide for the training of advanced degree nurses, including nurse practitioners, nurse midwives, nurse anesthetists, and public health nurses. In addition, projects to improve nursing work force personnel diversity and to expand the training of nurses in certain priority settings would be supported. The Secretary would have broad discretion to determine which projects to fund. Generally, projects which would ultimately lead to a greater number of nursing providers for rural and underserved areas, including local and state public health departments, would receive a funding preference.

Current Law Authorities Consolidated:

(1) Nursing Special Projects
(2) Advanced Nurse Education
(3) Nurse Practitioner/Nurse Midwife Education
(4) Nurse Anesthetist Training
(5) Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds
6) Professional Nurse Traineeships

Summary of Provisions:

ELIGIBLE ENTITIES

Schools of nursing (collegiate, associate degree, diploma), nursing centers, State or local governments, and other public or nonprofit private entities.

ACTIVITIES

Grants and contracts would be made, as appropriate, to plan, develop, or operate:

1. Advanced practice nurses training programs including programs for nurse practitioners, nurse midwives, nurse anesthetists, and public health nurses.
2. Programs to increase nursing work force diversity.
3. Projects to strengthen the capacity for basic nurse education in certain priority areas.

Amounts provided under any one of these areas could be used for faculty development, demonstrations, trainee support, work force analysis, technical assistance, and dissemination of information.

In determining which projects to fund under each of these areas, the Secretary would give priority to those projects which would substantially benefit rural or underserved populations, including public health departments. Generally, those programs which tend to produce nurses for these areas, including primary care nurses, would receive funding priority. In addition, the Secretary would have broad discretion to distribute the appropriation among these different activity areas. Funds would be allocated among these activities to meet the priority for underserved areas and to meet relevant national and State nursing work force goals.

The National Advisory Council on Nurse Education and Practice would continue to advise the Secretary regarding nursing issues. Funding for this council would be provided through the appropriations under this section.

Advance Practice Nurses Training

Projects that support the enhancement of advanced practice nursing education and practice would be funded. In addition, a grantee could use a portion of the funds to provide for traineeships. Such traineeships would provide stipends to students to help cover the costs of tuition, books, fees, and reasonable living expenses. Programs which could receive support under this authority are those which train nurse practitioners, nurse midwives, nurse anesthetists, public health nurses, and other advanced degree nurses.

Programs to Increase Nursing Work Force Diversity

Projects to increase nursing education opportunities for individuals who are from disadvantaged racial and ethnic backgrounds under-represented among registered nurses would be funded. Such projects could provide student stipends or scholarships, pre-entry preparation, or retention activities.

Projects to Strengthen Basic Nurse Education

Funding priority would be given to basic nurse education programs designed to: (1) improve nursing services in schools and other community settings; (2) provide care for underserved populations and other high-risk groups such as elderly, individuals with HIV–AIDS, substance abusers, homeless, and battered women; (3) provide skills needed under new health care systems; (4) develop cultural competencies among nurses; (5) and serve other priority areas.

AUTHORIZATION

There would be $62 million authorized for fiscal year 1996, which would be reduced to $59 million for fiscal year 1999.

F. Generally Applicable Provisions for Each Training Authority

Outcomes Evaluation:

Each program would be required to set performance outcomes and would be held accountable for meeting such outcomes. The performance outcome standards would be consistent with State, local, and national work force development priorities.

Non-federal Match:

The Secretary would have discretion to require institutional or State and local government matching grants to ensure the continuation of the project once Federal aid ends.

Transition:

Current grantees would continue to operate under existing authorities through the remainder of their funding cycles. The new provisions would apply only to new grants.

G. Consolidated Financial Assistance and Other Loan Programs

Purposes: (1) Provide consolidation of current loan repayment, scholarship, and scholarship payback programs into a flexible National Health Service Corps program requiring service payback in underserved areas in return for Federal financial assistance; (2) Continue certain loan programs which do not require Federal appropriations or that guarantee the availability of loan sources in the market for health professions students; (3) Consolidate scholarship programs for the disadvantaged; and (4) Provide administrative flexibility and simplification.

General Description: This proposal would combine most of the current targeted scholarship and loan repayment programs into the existing National Health Service Corps Scholarship and Loan Repayment program. As such, individuals would only receive "free" financial support in return for service provided in underserved areas. This would help to eliminate the shortage of over 5,000 positions in primary care underserved areas and in underserved public health positions in State and local health departments.

The three scholarship programs for minorities and disadvantaged students would also be consolidated into a single scholarship program for disadvantaged students.

The authorities which would not be consolidated are those which do not require appropriations but, rather, are revolving loan funds which currently exist at schools. In addition, the current Health Education Assistance Loan Guarantee program would be left in place.

Current Law Authorities Consolidated:

(1) Scholarships for Disadvantaged Students
(2) Exceptional Financial Need Scholarships
(3) Financial Assistance to Disadvantaged Health Professions Students
(4) State Loan Repayment Program
(5) Community Based Scholarship Program
(6) Nursing Loan Repayment Program
(7) National Health Service Corps Scholarship Program
(8) National Health Service Corps Loan Repayment Program
(9) Public Health Traineeships

Current Law Authorities Continued Without Consolidation: (These are revolving loan funds administered by schools which do or would not require appropriations.)

(10) Nursing Student Loan
(11) Primary Care Loan Program
(12) Health Professional Student Loans
(13) Loans for Disadvantaged Students

Current Law Authority Requiring a Separate Appropriation:

(14) Health Education Assistance Loans

Summary of Provisions:

Part I. Consolidated Scholarships and Loans

(A) National Health Service Corps Scholarship and Loan Payback

ELIGIBLE ENTITIES

Health professionals and public health professionals (for loan payback only).

ACTIVITIES

The Secretary would have broad authority to offer the following scholarship or loan repayment options to persons who agree to provide services through the National Health Service Corps in underserved areas. This consolidated authority would be patterned after the existing National Health Service Corps Scholarship and Loan Repayment programs and would:

1. Provide scholarships to health professional students in return for a commitment for such students to practice in the National Health Service Corps in underserved areas once their education is completed.
2. Provide loan repayment to:

a. Health professionals and public health personnel in return for a commitment from such persons to practice in the National Health Service Corps designated underserved sites or, in the case of public health personnel, State and local health departments with public health professional shortages.

b. Nurses for an amount no greater than 85 percent of their debt for persons who agree to practice in National Health Service Corps designated underserved areas.

3. Provide funding to State to operate their own loan repayment or scholarship programs. States could designate their own underserved areas utilizing their own criteria if such criteria were approved by the Secretary.

The Secretary would determine how much to provide for each activity to meet the goals of providing service to underserved areas and retaining providers in underserved areas. States applying for grant funding to run their own programs would receive priority.

AUTHORIZATION

There would be $90 million authorized for fiscal year 1996 and such sums as necessary through fiscal year 1999. This amount of funding is consistent with the combined current appropriations for these programs.

(B) Scholarships for Disadvantaged Students

ELIGIBLE ENTITIES

Health professions schools.

ACTIVITIES

The Secretary would award grants to health professions schools for the awarding of scholarships to disadvantaged students. Eligible entities would receive a preference based on the proportion of graduating students going into primary care, the proportion of minority students, and the proportion of graduates working in medically underserved areas.

AUTHORIZATION

There would be $32 million authorized for fiscal year 1996 through 1999. This amount of funding is consistent with the combined current appropriation for these programs.

Part II. Current Loan Authorities Continued without Appropriations

ACTIVITIES

The current Nursing Student Loan (NSL) program, Primary Care Loan (PCL) program, Health Professions Student Loan (HPSL) program, and the Loans for Disadvantaged Students (LDS) programs would continue. These programs would continue using the revolving funds which remain at health professions schools.

AUTHORIZATION

There would be $8 million authorized in each of fiscal years 1996 through 1998 for the LDS program. For fiscal year 1999, the authority for appropriations would be repealed after the revolving funds begin to be paid back by current loan recipients.

The NSL, PCL, and HPSL programs, which do not currently receive appropriations, would not be authorized to receive appropriations.

Part III. Heal Loans

ACTIVITIES

The HEAL loan program would continue in its current form.

AUTHORIZATION

This program would continue to be authorized at such sums as necessary to guarantee sufficient funds for the insurance pool for loan defaulters. The current premiums provided by borrowers are insufficient to meet the needs of this fund. As a result of reforms made in this program in fiscal year 1992, HHS is improving its loan collection and the insurance fund is growing. Over time, this program may not require appropriations. The current appropriation is $24.972 million.

H. Office of Minority Health

The authority for the office would be extended through fiscal year 1999. Furthermore, the provision assures that the office is only coordinating services—not conducting its own services and research program. The authorization would be $19 million for each fiscal year through fiscal year 1999. This would be a 11 percent reduction from the current appropriation of $20.668 million.

I. State Offices of Rural Health

There would be "such sums as necessary" authorized through fiscal year 1997. The cumulative appropriations would be capped at $20 million. In fiscal year, after these offices have been established in every State, the program would be repealed. The current appropriation for this program is $3.875 million.

J. Birth Defects

An enhanced intramural program for birth defects at the Centers for Disease Control and Prevention (CDC) would be authorized. Through this program, research centers would be established, epidemiologic review of data would occur, and a national information clearing house would be established. This program is consistent with current CDC plans in this area. No funds would be authorized specifically for this program, but funding would occur under the general CDC program authority.

K. Traumatic Brain Injury

This provision would provide for the National Institutes of Health (NIH) to conduct research on traumatic brain injury without an authorization for a separate appropriation. It would also authorize $5 million a year for a demonstration program to be administered through the Health Resources and Services Administration, subject to the availability of funding for the development of State systems of care for persons with traumatic brain injury. Finally, the provision would authorize a consensus conference at NIH regarding the treatment of individual with this illness.

L. Health Services for Pacific Islanders

This would extend the Pacific Islands initiative, with technical changes only. The program would be authorized at $3 million in fiscal year 1996 and in each year through fiscal year 1999. Finally, a study would be authorized to determine the usefulness of this initiative.

M. Demonstration Projects Regarding Alzheimer's Disease

There would be $5 million authorized in each of the fiscal years from fiscal year 1996 through fiscal year 1999. There are many technical revisions.

II. Background and Need for Legislation

GENERAL

Congress continues to be concerned with developing a national health professions work force policy to: (1) improve the distribution of and quality of health professionals needed to provide health services in underserved areas, (2) enhance the production and distribution of public health personnel to improve the State and local health infrastructure, and (3) provide accountability based on uniformly agreed upon outcome measures. This policy could be achieved by: (1) improving the national supply of certain health professionals, (2) improving the geographic distribution of health professionals in certain urban and rural areas, and (3) increasing minority representation in the pool of practicing health professionals.

Under current law, 44 separate Federal programs to support the health professions education and training through individual and institutional support are authorized under the Public Health Service (PHS) Act in titles III, VII, and VIII. The programs are administered by the Health Resources and Services Administration (HRSA) at the Department of Health and Human Services (DHHS).

Continuing Federal budget constraints necessitate program consolidation and administrative simplification. Such consolidation would result in a better targeting of limited resources to address national health work-force training and distribution deficits. In addition, an evaluation of each funded project would ensure that Federal resources are used wisely.

INTRODUCTION

Title VII of the PHS Act provides Federal support for health professions education in the fields of allopathic and osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, chiropractic, pharmacy, public health, graduate programs in clinical psychology and health administration, physician assistant and allied health. Title VIII of the PHS Act provides for a comprehensive set of nursing education programs. Titles VII and VIII provide two forms of assistance: (1) institutional support to health professions and nursing schools in the form of grants and contracts; and (2) student assistance in the form of loans, loan guarantees, and scholarships for students enrolled in these schools.

The Health Professions Educational Assistance Act of 1963 (P.L. 88–129), authorized a 3-year program for medical school construction and loan programs for students in schools of medicine, dentistry, and osteopathy. This initial enactment of Federal support for health professions education was in response to a critical shortage of health manpower, and the 1963 legislation was designed to increase enrollment at various health professions schools and assure the financial viability of these schools. However, by the mid-1970's when studies began to indicate that the supply of health professionals would be sufficient to meet the Nation's future needs, the focus of support under title VII began to change. Two areas of need were emerging: first, rural and inner-city communities experiencing shortages of health professionals and second, a relative shortage of primary care providers to specialists. Subsequent extensions of title VII programs began to focus Federal institutional and student assistance on projects designed to encourage health care personnel to practice in medically underserved shortage areas and increase the number of primary care providers. In particular, the 1992 reauthorization provided a preference for those programs which trained the greatest numbers of individuals who enter practice in underserved areas.

Similarly, the Nurse Training Act of 1964 originally authorized support to nursing schools and students to improve the supply of well trained nurses through grants to institutions to strengthen and improve nurse education, and direct student assistance through low interest loans and scholarships. As national nursing needs changed, the programs of title VIII were modified to focus on the training of advanced practice nurses, such as nurse practitioners, nurse midwives, ad certified nurse anesthetists.

Title III of the PHS Act authorizes the National Health Service Corps (NHSC) program, which was originally enacted by the Emergency Health Personnel Act of 1970 (P.L. 91–623) to respond to the geographic maldistribution of health professionals. The NHSC program was designed as the Federal Government's primary strategy to relieve health professions shortages. The NHSC program is currently authorized through the year 2000 (last amended in 1990 by P.L. 101–597), and is comprised of a field program that places an array of qualified health professionals in areas that have shortages of health personnel, and scholarship and loan repayment programs (added in the PHS Amendments of 1987, P.L. 100–177) that provide educational assistance to health professions students in return for a period of obligated service in shortage areas. Communities that apply for and are designated as health professions shortage areas (HPSA's) are eligible for placement of federally funded providers through the NHSC. The NHSC program has generally placed primary care providers, including allopathic and osteopathic physicians, dentists, nurse practitioners and other nonphysician providers, in federally designated HPSA's. Since program activities began in 1972, the NHSC field program has placed over 16,000 health care providers in HPSA's as of 1991.

GEOGRAPHIC MALDISTRIBUTION

Today, there continues to be national shortages of primary care providers, public health professionals, and certain allied health professionals. There is a continued need to improve the supply of these health professionals, and to improve the geographic distribution of health professionals in order to assure access to health care in medically underserved urban and rural communities.

Some have argued that Federal support for the title VII programs over the past 20 years has resulted in overall surpluses of health practitioners and improved their distribution, and there is no longer a need for this legislation. According to the American Medical Association, the total number of physicians grew by 140.3 percent between 1965–93 while the total U.S. population only grew by 32.3 percent. Since 1980 there has been a net entry of over 173,000 patient care physicians into the work force.

However, others point to the fact that there continue to be areas of the country experiencing shortages of physicians and other health professionals. Health professions shortage areas provide one measure of how adequately the supply of physicians is geographically distributed. During part of this period of significant growth in the supply of physicians, from 1980 to 1986, the number of HPSA's remained relatively constant. However, during the past 8 years the number of HPSA's has been increasing steadily. As of December 1994, there are 2,736 communities designated by the Federal Government as HPSA's, in which an estimated 5,341 primary care providers are needed. The Office of Shortage Designation at HRSA estimates that there are over 27 million persons residing in these underserved areas.

SPECIALTY DISTRIBUTION

Today, most experts agree that there is an imbalance between primary care and specialist physicians. In 1931 about 87 percent of U.S. physicians were practicing primary care; by 1970 the proportion had dropped to 38 percent, further falling to 34 percent in 1993. According to the Association of American Medical Colleges, between 1982 and 1993, the proportion of graduating medical students planning to become board-certified in family medicine, general internal medicine or general pediatrics fell from 36.1 percent to 19.3 percent. It is important to note that the percentage of graduating medical students choosing primary care training in 1993 had increased to 19.3 percent from only 14.2 percent in 1992.

During this period of decreasing numbers of medical school graduates entering primary care training, there has been a significant expansion of nonprimary care specialties residencies. In 1988, there were under 85,000 physicians (both allopathic and osteopathic) in residency training; by 1992, there were over 101,000 residents, representing a 19 percent increase in a 4 year period. Over the same period, the number of residents in medical subspecialties grew by over 60 percent and other specialties grew by 28 percent.

The Fourth Report of the Council on Graduate Medical Education (COGME) published in January 1994 includes physician supply projections of the Bureau of Health Professions (BHPr) within HRSA at DHHS. The BHPr, incorporating COGME work force goals for the years 2000 and 2020, estimates that there will be a shortage of 35,000 generalist physicians by the year 2000, assuming that there would be no changes in the current training pipeline of physicians and a health care delivery system dominated by managed care arrangements. The BHPr also estimates a projected surplus of 115,000 specialist physicians and an overall surplus of 80,000 patient care physicians by 2000. By 2020, BHPr projects that the physician surplus and specialty imbalance would worsen and there would be a shortage of 80,000 generalist physicians and a surplus of 200,000 specialists.

MINORITY REPRESENTATION

The committee continues to be concerned about the underrepresentation of minorities in the health professions compared to their proportion in the general population. The concern with increasing the number of underrepresented minority health care providers is part of an overall strategy to increase the availability and accessibility of health care providers to populations who have difficulty obtaining adequate health care, i.e. low-income and minority populations.

African Americans, Hispanics, and Native Americans are considered to be underrepresented in most of the health professions. Taken together, African Americans, Hispanics and Native Americans constitute 22 percent of the U.S. population, but are only 7.1 percent of the total physician work force. African-Americans constitute about 12.1 percent of the U.S. population, and although the number of African American physicians has increased, the percentage of black physicians has remained at about 4 percent of the total physician work force. Similarly, the percentage of African American nurses has remained at about 8 percent, physician assistants at less than 5 percent, and dentists at 1 percent. For Hispanics, who represent about 9 percent of the total U.S. population, the percentage of Hispanic physicians and nurses has remained at less than 5 percent.

According to the COGME's Fourth Report, physician-to-population rations for the overall population of 221/100,000 are much higher than those for African Americans (67/100,000), Hispanics (121/100,000), or Native Americans (45/100,000). In 1992, 2,309 underrepresented minorities entered medical schools, the largest number of minority entrants on record, representing 12.1% of the total number of entrants. However, the number of medical school entrants is significantly below the goal established by COGME of 3,350 underrepresented minority entrants by the year 2000.

Most RNs are female white, non-Hispanics. Although there have been increases in the total number of nurses, there has not been significant change in the number of underrepresented minority nurses, and as a proportion of the total RN population racial/ethnic minority nurses actually declined. According to DHHS, in 1988 the number of RNs from racial/ethnic minority backgrounds accounted for only 7.6 percent of all registered nurses compared to 8.2 percent in 1984. Although data is limited for other health professionals, the public health workforce is considered to also have a problem of minority underrepresentation, although according to a survey of students by the Association of Public Health Schools 20 percent of students are minorities. Similarly, in many allied health professions the proportion of minorities remain small.

NURSES AND NONPHYSICIAN PROVIDERS

According to the Department of Health and Human Services (DHHS) 1992 Sample Survey of Registered Nurses, there are 2.2 million nurses in the U.S., with 83 percent actively employed. Over two-thirds of nurses are employed in hospitals. Nursing jobs outside the hospital setting have shown the strongest growth rate, and even within the hospitals setting, nurse employment in outpatient departments grew by 66 percent between 1988 and 1992. Nurse employment in public health and community settings also increased by 30 percent.

There is some anecdotal information indicating that new nurses are having difficulty finding employment in hospitals due to hospital downsizing and decreasing patient lengths of stay. However, there are regions of the country that continue to have an unmet demand for hospital-based nurses, and many underserved rural areas and inner-city facilities continue to experience shortages of nurses. In addition, the demand for nurses is expected to continue to exceed the available supply in community-based care sites such as home health care agencies, long-term care facilities, independent clinical practice, nursing centers, school systems and birthing centers.

A major source of primary care providers for medically underserved or rural communities are from nonphysician providers, who are generally nurse practitioners, certified nurse midwives, and physician assistants. Today in the U.S. there are over 20,000 nurse practitioners, and over 4,300 certified nurse-midwives. Unfortunately, for every nurse practitioner or nurse that is trained today, there are at least 4 medically underserved communities requiring their services. In addition, in 1978, approximately 74 percent of physician assistants (PA's) were working in primary care: by 1994, the figure had dropped to 48 percent. The percentage of PAs practicing in rural areas with populations of less than 10,000 was 17.7 percent in 1994. According to the Academy of Physician Assistants, the possible reasons for more specialization among PA's and fewer PA's locating in rural areas are similar to those for physicians and other health professionals. These may include higher pay for specialty practice, more interesting and intellectually stimulating work in specialty practice, and greater professional and economic opportunities outside of isolated or small rural communities.

The experience is similar for nurse anesthetists. Graduates of such training programs dropped by 44 percent from 1980 and 1990. The number of training programs fell from 163 in 1980 to 80 in 1990. Many rural hospitals rely on nurse anesthetists for anesthesia services. Without the service of these nurse anesthetists, important surgical procedures may often be postponed, thus limiting access to needed care.

Studies, surveys, and reports by groups such as the American Medical Association, American Hospital Association, American Society of Allied Health Professions, the Department of Health and Human Services and the Institute of Medicine of the National Academy of Sciences provide further evidence of the diminishing pool of certain allied health personnel. The demand is high for allied health practitioners in physical therapy, occupational therapy, clinical laboratories, medical imaging, dental hygiene and respiratory therapy. It is projected that by the year 2000, the demand for physical therapists will increase by 57 percent, for occupational therapists by 49 percent, for laboratory technologists by 24 percent, and for medical imaging technologists by 66 percent.

GENERAL ACCOUNTING OFFICE REPORTS

In July 1994, the U.S. General Accounting Office (GAO) released a report on the health professions education and training programs authorized in titles VII and VIII of the PHS. The report fulfilled the provisions enacted in the 1992 amendments reauthorizing the programs which required the GAO to evaluate the effectiveness of these strategies and programs of titles VII and VIII.

Generally, the GAO results were inconclusive regarding the direct impact of the titles VII and VIII programs. GAO concluded that, although the supply of nearly all health professions had increased faster than the population, no data were available to demonstrate that the increased supply had improved access to care in rural and urban underserve areas. Further, GAO reported that the programs under titles VII and VIII could not be shown to have had a significant effect on the changes that had occurred in the supply, distribution, and minority representation of health professionals. GAO found that it would be difficult to establish cause-and-effect relationships for the programs because many of the programs had other objectives besides improving supply, distribution, and minority recruitment among health professionals. In addition, because the programs had no common outcome goals or measurements of their effectiveness, the programs were difficult to evaluate.

GAO also concluded that the 75 percent increase in the number of primary care physicians between 1975 and 1990 did not improve the geographic maldistribution between urban and rural areas. The increased numbers of primary care physicians in urban and rural areas had not improved their availability in HPSA's. However, the GAO did not assess the severity of shortages which would have resulted if the titles VII and VIII programs had not been in effect.

One important change created in the 1992 reauthorization, which the GAO could not evaluate, was the effect of providing preferences for programs which train health professionals in underserved areas. Over time, the impact of this provision may help to draw providers to underserved areas. Many believe, and some limited data support, that individuals trained in underserved areas tend to enter practice in such settings once their training periods are completed.

GAO recommended that the Congress rethink the role of the title VII and VIII programs and establish common outcome measures, goals and reporting requirements. The report also suggested that in redefining the objectives of titles VII and VIII, the Congress consider expanding the NHSC to have a more direct and immediate impact on relieving underserved communities.

In 1990, the GAO also published a report on the NHSC, looking specifically at why the number of NHSC physicians had been declining and if the PHS Amendments of 1987 (P.L. 100–177) to the program which created the loan repayment program had offset the decline in NHSC physicians. GAO found that the significant reductions in funding for the NHSC since 1980 had resulted in the decline in the numbers of physicians available for placement in shortage areas through the NHSC. Facilities that relied on physicians provided through the NHSC and the populations served by these facilities were at risk of losing their access to health care services. In addition, GAO found that the NHSC loan repayment program enacted in the 1987 amendments had not significantly reduced the shortage of providers needed by the Corps at that time, because limited funding had curtailed their effectiveness.

TESTIMONY RECEIVED

On March 8, 1995, the Committee on Labor and Human Resources held a hearing on the Federal health professions programs. Despite the inconclusive results of the GAO evaluation, the testimony supported a continuation of Federal health professions training and distribution programs because some of the initiatives have been successful. According to Dr. Philip Lee, Assistant Secretary for Health in the Department of Health and Human Resources:

> They have significantly enhanced the quality of primary care curriculum and fostered a growth in the interest of medical students in generalist practice.
>
> Funding of residency training opportunities in family medicine, general internal medicine, and general pediatrics have increased our national supply of much needed primary care physicians.
>
> They have opened opportunities for greater numbers of minorities to pursue and succeed in health professions careers and thereby expanded the access of millions of Americans to basic medical care.
>
> They have spurred an unprecedented growth in student enrollment among the mid-level professions of nurse practitioners, nurse midwives, nurse anesthetists and physician assistants.

In response to the GAO conclusions, Dr. David Kindig noted that the underserved situation would have been much worse if the health professions programs had not been funded. Dr. Kindig stated that improving access for underserved areas would require "* * * targeted generalist physician education programs, as well as improving the infrastructure through community/migrant health centers, the National Health Service Corps, and Medicare and Medicaid programs." Furthermore, he testified, "I do not believe it is possible to precisely separate the influence of each of these components, but I am quite certain that they have acted in concert to keep the number of shortage areas as low as they are."

III. LEGISLATIVE HISTORY AND COMMITTEE ACTION

S. 555 was introduced on March 14, 1995, by Senators Kassebaum, Kennedy, and Frist. The bill was referred to the Committee on Labor and Human Resources.

The Committee on Labor and Human Resources considered S. 555 in an executive session held on Wednesday March 29, 1995.

Senator Kassebaum offered an amendment in the nature of a substitute, and the committee approved an amendment by Senator Harkin. The bill as amended was adopted by voice vote and favorably reported to the full Senate.

The Harkin amendment changed the authorization level for section 104, the health work force development provision, in fiscal year 1999 from $5 million to "such sums as necessary."

IV. COMMITTEE VIEWS

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

General

The committee sets two general goals for programs authorized under this title:

> A. Federal health professions education programs and distribution programs should assure health through: (1) improvements in the distribution of and quality of health professionals needed to provide health services in underserved areas; and (2) enhancement of the production and distribution of public health personnel to improve the state and local public health infrastructure.
>
> B. The bureaucracy required to administer the existing programs should be simplified and reduced.

Furthermore, due to Federal fiscal constraints, the committee has only authorized funding for the training of health professions which it has determined to be in short-supply nationally and for which an increased supply would benefit not only underserved areas, but all areas of the country.

The only exception to this standard is for general dentistry training. Experts, including the Institute of Medicine, have not been able to conclude if there is a shortage of general dentists. For this reason, before funding general dentistry training under section 747 of the Public Health Service Act, the Secretary must first determine that there is a national, rather than regional, shortage of such professionals.

Through out title I of this legislation, the committee intends that whenever the term "medical school" is used, it shall mean both allopathic and osteopathic medical schools. Furthermore, whenever the term "medical students" is used, it shall mean both allopathic and osteopathic medical students.

Subtitle A—Health professions, education programs

Section 101. Minority and disadvantaged training

The committee recognizes the benefits of training greater numbers of individuals from disadvantaged and minority backgrounds. Such individuals tend to enter primary care practice and practice in underserved areas to a much greater degree than others.

The committee encourages the development of innovative initiatives to increase the supply of minority and disadvantaged individuals. However, the renewal of existing centers of excellence programs or health career opportunities programs could occur under this consolidated provision.

Although historically black colleges and universities may apply for funding in addition to the $12 million set-a-side, the committee intends that this should be done as part of a single application from each entity. This would help provide administrative simplification over that afforded by the preparation and consideration of multiple grant proposals from a single entity.

Section 102. Training in family medicine, general internal medicine, general pediatrics, preventive medicine, physician assistants, and general dentistry

While the proposed authority would allow grants or contracts to be targeted in part toward training in a particular discipline (e.g., the various primary care medical specialities, preventive medicine, physician assistants, and advanced general dentistry), the committee intends that the Secretary encourage interested entities and groups to collaborate in efforts to meet primary care and related work force needs of communities, States, or regions served. When possible, applications could be submitted and goals established by consortia of health professions schools, health care facilities, community organizations, and other entities that can work together to address shared needs for ambulatory care training sites, curriculum improvement, faculty development, data analysis, and quality assurance. Such community-wide educational initiatives would accomplish educational goals and reduce repetitive administrative tasks for both the government and applicant institutions.

In carrying out these directives, the committee does not intend that the department create a funding preference or priority for such consortia applicants. In addition, such consortia applicants should meet the program requirements as specified in the legislation. For instance, general internal medicine residency programs in a consortia should only receive priority consideration based on the actual output of individuals who enter practice in primary care.

Regarding the priority based on an applicants success in actually training providers that practice primary care, the committee intends that entities with a record of training primary care providers be given the preponderance of priority points over applicants whose percentages increase over time. Significant weighting is an important way of promoting applications from those programs which are truly engaged in the primary task of producing generalists.

The committee also intends that osteopathic internships continue to receive consideration for funding under this section. In general, individuals in osteopathic internships complete residency training and successfully enter practice in primary care.

Finally, regarding the distribution of funding for each of the various options delineated in this section, the committee urges the Secretary to distribute such funding in a manner which meets the overall goals of this legislation as outlined above.

Section 103. Enhanced health education and training

Area health education centers have successfully trained individuals to practice in underserved settings. The committee continues to support this model of training. Because of fiscal constraints, the committee encourages applicants to obtain matching funds. In addition, the Secretary should place greater emphasis on providing funds for new entities or for the expansion and enhancement of existing entities.

In the development of area health education center programs, there is need for emphasis on training of health professionals in managed care, quality improvement, and other skills needed under new systems of organizing health care.

Regarding the distribution of funding between Area Health Education Centers, Geriatric Education Centers, and Public Health Training Centers, the committee urges the Secretary to meet the general goals of this legislation. In addition, the Secretary should consider the impact of other title VII and VIII programs in meeting the objectives of each of these programs.

Section 104. Health professions work force development

If the nation is to target Federal health professions educational initiatives effectively toward areas of greatest national and local need, additional information on those needs must be collected and analyzed. To allow responsible measurement of program outcomes, additional information also is required on the relative effectiveness of various ways of meeting health work force needs. In addition to reserving a minimum of $2 million in Health Professions Work Force Development funds specifically for health professions research and data activities, the committee encourages the administration and grant recipients to use the authority available under all of the title VII and VIII consolidated authorities to spend a portion of grant funds for data analysis as appropriate to meet recognized health work force objectives.

The committee also notes that the chiropractic medical school demonstration projects program authorized under section 782 of Public Law 102–408 has been consolidated under the Part E—Health Professions Work Force Development provision in this bill. In so doing, the committee does not in any way intend to diminish the importance of this innovative collaborative effort among chiropractors and physicians to enhance health professions training, education, and cooperation in the area of spinal injury and lower back pain conditions. The committee looks with interest on the outcome of this current demonstration project.

In deciding whether to fund such collaborative efforts in the future under the requirements of this provision, the committee encourages the department to consider how much such continued collaboration between chiropractic colleges and medical schools could increase the number of women and minorities in the chiropractic health care professions; enhance the prospects for improved training in the area of lower back pain and spinal maladies; and improve the conduct of related health professions research and data collection by chiropractors and physicians.

Furthermore, the committee also recognizes that in Alaska a limited variety of primary care for residents of remote villages is often provided by certified community health practitioners. The department is encouraged to consider entities which train such practitioners for funding under this provision.

Subtitle B—Nursing education

Section 123. Part A—General provisions

The committee strongly endorses the need for and reauthorization of the Nurse Education Act (NEA). Due to important differences between nursing and other health professions education, it is important that title VIII programs of the Public Health Service Act remain separate from title VII programs.

The need for Federal support of nursing education continues. Particular educational support is needed to improve primary care delivery, management of care and chronic diseases, health promotion and disease prevention, and home and other care outside of the hospital.

The committee urges the Department of Health and Human Services to fund creative approaches to nursing education. In addition, the committee believes that the central purpose of program support is to encourage creativity with start-up funding rather than to provide routine funding of long-term programs that could become self-sufficient.

Section 802 is not intended to require linkages for all applications, but the Secretary has the discretion to decide whether a "linkage" is required. Regarding the funding preference in section 805, an applicant should receive consideration not only if it trains nurses in underserved areas, but also if its program leads to individuals providing services in underserved areas after their training is completed. Other applicants, which do not meet the preference criteria, should not be excluded from funding, but should not receive a funding preference.

Section 123. Part B—Nurse practitioners, nurse midwives, and other advanced degree practice nurses

The committee recognizes the important role that nurse practitioners, nurse midwives, and nurse anesthetists play in providing quality care to medically underserved and rural communities. The committee continues to support nurses pursuing advanced education, especially in the primary care, public health, and geriatrics. Support for programs leading to careers as nurse practitioners, nurse midwives, and nurse anesthetists are a priority. The committee recognizes that programs which prepared nurses to serve as nurse educators have proven to be a valuable investment. Finally, the committee continues to support traineeship to provide for advanced practice nursing students. Only students who have completed the requirements for the registered nursing degree should be eligible for these traineeships.

Section 123. Part C—Increasing nursing work-force diversity

The Division of Nursing has shown a strong commitment to enhancement of diversity in the nursing work-force. The Division is encouraged to focus its continuing efforts in this regard on enhancement of diversity among nurses prepared at the baccalaureate and graduate levels to enable greater participation of nurses in leadership positions in community health, primary care, education, and administration.

Section 123. Part D—Strengthening capacity for basic nurse education and practice

The Division of Nursing is encouraged to enable regional collaborative nursing workforce development projects. Developing pilot initiatives with such groups as regional educational compacts, State departments of public health, higher education councils or boards, and other key parties would be useful in those efforts.

Recognizing the importance of telecommunications, informatics, and other advanced technology to both nursing education and practice, the division is encouraged to support innovative demonstrations in this area. The Division is also encouraged to provide leadership in this area, promoting dissemination of new technologies and outcomes of supported projects.

The committee continues to support continuing education for nurses; appropriate retraining opportunities for nurses not currently practicing nursing; efforts to resolve geographic inequities in the distribution of registered nurses; support for clinical nursing programs which combine educational curricula and clinical practice in health care delivery organizations, including long-term care facilities and ambulatory care facilities.

Section 123. Part F—Appropriations

Given the rapidly changing nursing marketplace, the committee does not support set asides for the training of different types of nurses or for the different training activities, such as strengthening the capacity for basic nurse education and practice. In making a decision on how best to allocate funds under this section, the committee urges the Secretary to consider how the funds could best be utilized to: (1) Improve the distribution of and quality of nursing professionals needed to provide services in underserved areas and (2) enhance the production and distribution of public health personnel to improve the State and local public health infrastructure. To meet these goals, the Secretary should consider the relative benefit of training individuals from disadvantaged and minority populations.

Subtitle C—Financial assistance

Section 132. Restructuring and technical amendments

Under this program, the Secretary shall have different options to provide loan repayment or to provide scholarships. The committee encourages the Secretary to distribute funds between the various options in the manner most consistent with the general goals of this legislation as previously outlined. The committee continues to support the primary objective of the National Health Service Corps programs to enhance health care services in underserved areas.

Section 136. Loans for disadvantaged students

The committee intends that funding for this program should be repealed after 3 years. This should provide sufficient time to complete the establishment of these revolving loan funds at institutions currently operating such programs.

Section 142. HEAL lender and performance standards

The committee intends that the exceptional performance requirements for HEAL lenders, holders, and servicers be implemented in a manner similar to the exceptional performance provision for the Department of Education guaranteed loan programs. In addition, the committee intends that, in determining whether a lender, holder, or servicer demonstrates exceptional performance, the financial and compliance audit include a review of compliance with all requirements associated with the HEAL loan that are performed by the lender, holder, or servicer, from the making of the loan through submission of a claim. Finally, it should be understood that lenders, holders, or servicers seeking designation as exceptional performers should be required to provide compliance audit results, in accord with established time frames, to the Division of Student Assistance of the Bureau of Health Professions, Health Resources and Services Administration. Failure to do so should result in loss of the exceptional performance designation.

Section 151. Scholarships for disadvantaged students

With regard to the eligibility of allied health schools under the new Scholarships for Disadvantaged Students program, the committee recognizes that there are over 3,000 accredited allied health training programs and therefor expects that, consistent with eligibility provisions under the former Scholarships for Disadvantaged Students program, the Secretary will limit participation to the following baccalaureate or graduate degree allied health professions schools or programs: Dental hygiene, medical laboratory technology, occupational therapy, physical therapy, and radiologic technology.

The committee intends that the primary care funding priority under the new Scholarships for Disadvantaged Students program be implemented as follows: (1) For schools of medicine and osteopathic medicine, by using conditions patterned after those in section 723(b)(2) of the act, which determine whether a school is eligible to maintain Primary Care Loan funds; and (2) for schools of nursing, by applying the priority to those programs leading to a baccalaureate or graduate degree in nursing, since one of the distinguishing features of these programs is the substantial focus on preparation for community health practice. Further, the committee intends that, in the event appropriations are insufficient to fund at a reasonable level the requests of all eligible schools, funding be limited to schools that meet at least one of the three funding priorities.

The committee expects the Secretary to apply appropriate standards in determining which schools have complied with the requirement to be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, using outcome-based measures that provide an indication of the success of any such program. The existence of such a program should not, in itself, result in the eligibility of a school if the school is unable to demonstrate that the program has achieved some measure of success, based on the number and/or percentage of disadvantaged students who graduate from the school.

TITLE II—OFFICE OF MINORITY HEALTH

The committee expects that the Office of Minority Health will continue to report directly to the Assistant Secretary of Health and that it will ensure coordination of all the programs under the Assistant Secretary's authority. The office should serve as a resource for the entire Public Health Service, and assure the appropriate sensitivity and attention to efforts to improve the health status of racial and ethnic minorities, among all Public Health Service programs.

The committee urges the development and implementation of interagency agreements with Public Health Service agencies and staff offices to increase the participation of minorities in health service and health promotion, and to stimulate and undertake innovative projects. The committee expects that any interagency agreements will emphasize a collaboration between the Office of Minority Health and the agency. The committee expects that the agency will contribute resources to any collaborative project. The office should perform a coordinating role within the Public Health Service rather than operate or directly administer project grants.

The committee urges better information dissemination, education, prevention, and service delivery to disadvantaged racial and ethnic minorities. The Secretary would also be authorized to provide grants and contracts to support new and innovative programs designed to reduce the incidence of specific illnesses and improve the health status of racial and ethnic minorities. The committee strongly encourages the Secretary to consider and support innovative proposals designed to reduce the incidence of specific illnesses among racial and ethnic minorities.

TITLE III—SELECTED INITIATIVES

Section 301. Programs regarding birth defects

Birth defects are the leading cause of infant mortality in the United States, accounting for one in five infant deaths. In addition, birth defects cause significant morbidity. The committee is concerned that lack of birth defects surveillance and research has hindered the identification of causes of birth defects and development of prevention efforts.

As such, the committee encourages the Centers for Disease Control and Prevention to address birth defects through its intramural program. Such activities should include the collection and analysis of birth defects information and the operation of regional centers for the conduct of applied epidemiological research on the prevention of such defects. Although states are encouraged to improve birth defects surveillance systems, the committee does not intend that States should be required to establish such systems as a condition of receiving any kind of financial or non-financial support from the Centers for Disease Control and Prevention.

Section 303. State offices of rural health

The committee encourages the completion of the establishment of state offices of rural health. Funds authorized under this section are intended to help all states establish such offices, but are not intended to provide ongoing support. During this authorization period, the establishment of such offices in each State should be finalized. Thus, the appropriations for this program are repealed before fiscal year 1998.

Section 304. Health services for Pacific islanders

The committee expects the Secretary, through contract, to conduct a comprehensive study regarding the effectiveness of these programs to determine if such programs should continue to be funded in the future. In addition, if such programs are successful, the committee is interested in determining if they could be replicated in rural America, or for developing innovative health personnel training programs for inner-city populations.

Section 305. Demonstration projects regarding Alzheimer's disease

The Alzheimer's Home and Community Care Demonstration projects reauthorization expands the existing program which is designed to improve services to meet the special needs of persons with Alzheimer's and related dementias. This reauthorization removes the limit on the number of States that may participate in the program and allows extension for grants to States for more than 3 years.

The purpose of the program is to encourage coordination among public and private agencies providing health and long term care services in the State, to expand access to existing services for persons with Alzheimer's and related dementia, and to develop services to fill gaps in the existing system. Special emphasis is placed on services that support family caregivers.

TITLE IV—MISCELLANEOUS PROVISIONS

Section 407. Required consultation by the secretary

In general, the Secretary is provided broad authority to determine general funding priorities under titles VII and VIII of the Public Health Service Act. For instance, under the section 747 programs, the Secretary will decide how much funding to devote to predoctoral training versus residency training.

The committee urges the Secretary to consider recommendations from all interested parties regarding the establishment of general priorities for each of the general programs authorized. The committee does not intend for the public and interested parties to become involved in the administrative details or selection process of grantees. It is the intent that all interested parties would comment on a general program description which the Secretary shall publish as frequently as the Secretary changes the general priorities. In no event is the publication of a general program description intended to be a rule-making process.

V. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 22, 1995.

Hon. NANCY LANDON KASSEBAUM,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, DC.

DEAR MADAM CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 555, the Health Professions Consolidation and Reauthorization Act of 1995, as ordered reported by the Senate Committee on Labor and Human Resources on March 29, 1995.

Enactment of S. 555 would affect direct spending. Therefore, pay-as-you-go procedures would apply to the bill.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

JAMES L. BLUM
(For June E. O'Neill).

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 555.
2. Bill title: Health Professions Consolidation and Reauthorization Act of 1995.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on March 29, 1995.
4. Bill purpose: This bill would amend the Public Health Service Act to consolidate and reauthorize education programs for health professions and for minority and disadvantaged health professions students.
5. Estimated cost to the Federal Government: Most of the spending that would occur under S. 555 would be subject to the availability of appropriated funds. For purposes of this estimate, CBO assumes that the bill will be enacted by the end of this fiscal year, and that all funds authorized by the bill for the 1995–2000 period will be appropriated. Estimated outlays are based on historical spending patterns of existing programs administered by the Health Resources and Services Administration (HRSA) and the Office of the Assistant Secretary for Health (OASH).

This bill would affect direct spending by authorizing Health Education Assistance Loan (HEAL) guarantees for fiscal years 1996–1999. In addition, S. 555 could affect offsetting receipts by increasing collections from the estates of certain borrowers whose federally insured student loans were in default, but the amounts involved would be negligible.

Table 1 summarizes the estimated budgetary impact of the bill under the assumption that where such sums as necessary are authorized, appropriations would be increased from the 1996 authorization to account for discretionary inflation. The estimate assumes that appropriations would be reduced evenly for the intervening years when the bill specifies lower authorizations in 1999 than in 1996 and authorizes such sums as necessary in 1997 and 1998.

TABLE 1. PROJECTED SPENDING UNDER S. 555—INCLUDING INFLATION ADJUSTMENT FOR UNSPECIFIED AUTHORIZATIONS

[By fiscal year, in millions of dollars]

	1995	1996	1997	1998	1999	2000
Authorizations of Appropriations						
Specified authorizations	5	408	50	45	144	
Estimated outlays [1]	0	199	192	87	95	63
Estimated authorizations [2]	0	12	373	366	262	106
Estimated outlays [1]	0	7	185	319	315	199
Total authorizations	5	420	423	411	406	106
Total estimated outlays [1]	0	206	377	407	410	262
Direct Spending						
Estimated budget authority	0	0	13	23	30	22
Estimated outlays	0	0	13	23	30	22

[1] Estimated outlays do not include spending from prior year budget authority.

[2] Estimated authorizations for programs with stated authorization amounts in 1996 and 1999 are prorated between the amounts specified.

Table 2 summarizes the estimated budgetary impact of the bill under the assumption that appropriations would be kept at their 1996 level where such sums as necessary are authorized in succeeding years. The estimate assumes that appropriations would be reduced evenly for the intervening years when the bill specifies lower authorizations in 1999 than in 1996 and authorizes such sums as necessary in 1997 and 1998.

TABLE 2. PROJECTED SPENDING UNDER S. 555—WITH NO INFLATION ADJUSTMENT FOR UNSPECIFIED AUTHORIZATIONS

[By fiscal year, in millions of dollars]

	1995	1996	1997	1998	1999	2000
Authorizations of Appropriations						
Specified authorizations	5	408	50	45	144	
Estimated outlays [1]	0	199	192	87	95	63
Estimated authorizations [2]	0	12	365	349	236	93
Estimated outlays [1]	0	7	181	308	295	180
Total authorizations	5	420	415	394	380	93
Total estimated outlays [1]	0	206	373	395	390	243
Direct Spending						
Estimated budget authority	0	0	13	23	30	22
Estimated outlays	0	0	13	23	30	22

[1] Estimated outlays do not include spending from prior year budget authority.

[2] Estimated authorizations for programs with stated authorization amounts in 1996 and 1999 are prorated between the amounts specified.

Fiscal year 1995 appropriations for programs and activities authorized by the bill are $431 million.

The costs of this bill fall within budget function 550.

6. Basis of estimate: *Title I—Health Professions Education and Financial Assistance Programs.* This title would consolidate current programs providing support for health professions training and education into six new programs. It would also reauthorize several other programs without consolidating them. In addition, the bill would reauthorize guarantee authority for the Health Education Assistance Loan (HEAL) program. In general, 1996 authorization levels in this title are comparable to the amounts appropriated for 1995.

Subtitle A would consolidate current programs authorized under Title VII of the Public Health Service Act and would authorize four new programs. Section 101 of this subtitle would permit the Secretary of Health and Human Services to make grants to or enter into contracts with health professions schools, state and local governments, and eligible nonprofit organizations. The funds provided could be used to plan, develop, or operate projects intended to increase the number and quality of minority and disadvantaged health professionals. This program would consolidate current authority for Centers of Excellence in Minority Health, the Health Careers Opportunity program, and the Minority Faculty Fellowships and Minority Faculty Loan Repayment programs. This section would authorize $51 million for 1996 and such sums as necessary for 1997 through 1999. Funding for the programs consolidated under this section is $51 million in 1995.

Section 102 would consolidate current authority for Family Medicine Training, General Internal Medicine and General Pediatrics Training, Physician Assistant Training, Preventive Medicine and Dental Public Health, Geriatric Medicine and Dentistry Faculty Development, and General Dentistry Training. The new program would permit the Secretary to make grants to or enter into contracts with health professions schools and eligible nonprofit organizations planning, developing, or operating projects to improve training in these areas. Preference would be given to programs with historical success in training health professionals who enter practice in underserved areas. This section would authorize $76 million for 1996 and such sums as necessary for 1997 through 1999. Funding for the programs consolidated under this section is $79 million in 1995.

Section 103 would provide support to eligible entities planning, developing, or operating projects to train health professionals in rural and underserved areas. It would also provide funding for geriatric training and public health training centers. Current authority for Area Health Education Centers, Health Education and Training Centers, Geriatric Education Centers, Rural Health Interdisciplinary Training, and Public Health Special Projects would be consolidated. This section would authorize $43 million for 1996, such sums as necessary for 1997 and 1998, and $29 million for 1999. Funding for the programs consolidated under this section is $42 million in 1995.

Section 104 would permit the Secretary to award grants and enter into contracts with health professions schools and nonprofit organizations for projects to strengthen their capacity for the education of individuals in certain health professions determined to have a shortage of personnel. This section would consolidate current authority for Health Administration Traineeships, Geriatric Optometry Training, Allied Health Advanced Training and Special Projects, Podiatric Primary Care Residency Training, Chiropractic Demonstration Projects, and AIDS Dental Services. This section would authorize appropriations of $16 million for 1996 and such sums as necessary for 1997 through 1999. Funding for the programs consolidated under this section is $13 million in 1995.

Subtitle B would consolidate six nursing education programs authorized under Title VIII of the Public Health Service Act. It would authorize the Secretary to make grants to or enter into contracts with schools of nursing, nursing centers, state or local governments, and other nonprofit organizations. Amounts provided could be used for training program development and support, faculty development, trainee support, and other specified purposes appropriate to meet recognized nursing objectives. Current authority for Nursing Special Projects, Advanced Nurse Education, Nurse Practitioner/Nurse Midwife Education, Nurse Anesthetist Training, Nursing Education for Disadvantaged Individuals, and Professional Nurse Traineeships would be consolidated into three grant programs. This subtitle would authorize $62 million for 1996, such sums as necessary for 1997 through 1998, and $59 million for 1999. Funding for the programs consolidated under this subtitle is $61 million in 1995.

Subtitle C would consolidate several loan repayment, scholarship, and scholarship payback programs, reauthorize without consolidating revolving loan programs operated by schools, and reauthorize the HEAL Guarantee program.

Part 1 of this subtitle would consolidate Public Health Traineeships, and the State Loan Repayment, Community Based Scholarship, and Nursing Loan Repayment Programs into the existing National Health Service Corps Scholarship and Loan Repayment Program. This program provides support to health professionals and public health professionals in return for providing service in underserved areas. This part would authorize $90 million for 1996 and such sums as necessary for 1997 through 2000. Funding for the programs consolidated under this part is $85 million in 1995.

Part 2 of this subtitle would reauthorize four school-based revolving loan programs: the Nursing Student Loan (NSL) program; the Primary Care Loan (PCL) program; the Health Professions Student Loan (HPSL) program; and the Loans for Disadvantaged Students (LDS) program. The NSL, PCL, and HPSL programs would continue using revolving funds that remain available at health professions schools and would not be authorized to receive appropriations. This part would authorize $8 million annually for the 1996–1998 period for the LDS program. Authority for appropriations would be repeated for 1999.

Part 3 of this subtitle would reauthorize the Health Education Assistance Loan Guarantee program with minor changes. First, loan repayment would be delayed for borrowers who provide health care services to Indians through an Indian Health Service program. Second, this part would permit collections from the estates of deceased HEAL borrowers whose loans are in default. Third, for lenders not meeting specified performance standards, this part would reduce federal payments from 100 percent to 98 percent of any losses incurred through loan defaults. CBO estimates that these provisions would have a negligible effect on the federal budget.

This part would authorize lending limits for HEAL of $350 million for 1996, $375 million for 1997, and $425 million for 1998 and 1999. A provision in current law that permits lending to previous borrowers after authority has expired means that the new authority in each year would be less than the lending limit for that year. For example, assuming that borrowers were in four-year programs, about 75 percent of 1995 authority would be estimated to carry over into 1996. Similarly, CBO estimates that 75 percent of the 1999 authorization would carry over into 2000. For the purposes of this estimate, CBO assumes that loan disbursements would be equal to the amount authorized. Further, CBO estimates that these disbursements would entail an average subsidy rate of 7 percent. Thus, direct spending is estimated to be $5 million in 1996, rising to $30 million in 1999.

Part 4 of this subtitle would consolidate three scholarship programs for minorities and disadvantaged students into a single program. This part would permit the Secretary to award grants to health professions schools for scholarships to disadvantaged individuals. This part would authorize $32 million annually over the 1996–1999 period. Funding for the scholarship programs consolidated under this part was $36 million in 1995.

Title II—Office of Minority Health. This title would extend authority for the Office of Minority Health through 1999. It would further ensure that the office only coordinates services, and does not conduct its own services and research program. This title would authorize $21 million for 1996, such sums as necessary for 1997 and 1998, and $19 million for 1999. Funding for this office was $21 million in 1995.

Title III—Selected Initiatives. This title would authorize five research programs. First, Section 301 would authorize the Centers for Disease Control (CDC) to establish an intramural program for research on birth defects. Funding would occur under the general CDC appropriation; no specific authorization is made for this program and CBO has not basis for estimating the amount that would be spent on this type of research. Funding for the CDC was $2.1 billion in 1995.

Section 302 would provide for the National Institutes of Health to conduct research on traumatic brain injury and would authorize a demonstration program on the development of state systems of care for people with traumatic brain injury. The demonstration program would be administered by the Health Research and Services Administration. This provision would authorize $5 million for 1995 and such sums as necessary for 1996 and 1997.

Section 303 of this title would extend authority for State Offices of Rural Health through 1997, after which the authority would be repealed. Such sums as necessary would be authorized for 1996 and 1997, with a cumulative limit of appropriations of $20 million. This estimate assumes appropriations of $4 million a year.

Section 304 would extend the initiative that permits the Secretary to make grants to or enter into contracts with organizations serving the health needs of Pacific Islanders. This section would authorize $3 million for 1995, $4 million for 1996, and $5 million for 1997. The authority for 1995 is not included in the tables because an appropriation was made for that year, and the authorization would not result in additional spending.

Finally, Section 305 would extend authority for demonstration projects regarding Alzheimer's disease. Such sums as necessary would be authorized for 1996 through 1998. Based on 1995 funding, this estimate assumes appropriations of about $5 million a year for this purpose.

Title IV—Miscellaneous Provisions. This title makes a number of technical revisions. Section 404 would permit recovery of the federal share of construction costs with interest for facilities whose owners cease to be eligible for funding in support of health professions education. CBO has not basis on which to estimate the budgetary effects of this provision.

7. Pay-as-you-go considerations: Section 252 of the Balanced Budget and Emergency Deficit Control Act of 1985 sets up pay-as-you-go procedures for legislation affecting direct spending or receipts through 1998. Enactment of S. 555 would affect spending for Health Education Assistance Loan guarantees, which are classified as mandatory under the Omnibus Budget Reconciliation Act of 1990. Enactment of S. 555 could also affect offsetting receipts because it would increase default collections from the estates of deceased borrowers. CBO estimates that the amounts of such collections would be negligible.

[By fiscal year, in millions of dollars]

	1995	1996	1997	1998
Change in outlays	0	5	13	23
Change in receipts	([1])	([1])	([1])	([1])

[1] Not applicable

8. Estimated cost to State and local and governments: None.
9. Estimate comparison: None.
10. Previous CBO estimate: None.
11. Estimate prepared by: Murray N. Ross.
12. Estimate approved by: Robert A. Sunshine, for Paul N. Van de Water, Assistant Director for Budget Analysis.

VI. Regulatory Impact Statement

The committee has determined that there will be no increase in the regulatory burden of paperwork as the result of this bill.

VII. Section-By-Section Analysis

TITLE I. HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Program

Section 101 amends Part B of title VII of the PHS Act to create the Minority Health Professions Grant Program. Requires the Secretary to make grants or enter into contracts with eligible entities for establishing, enhancing, and expanding programs to increase the number and quality of disadvantaged health professionals, especially those who provide health services to disadvantaged populations or in medically underserved areas or rural areas. Requires the Secretary to provide preferences for: (1) projects involving more than one health professions discipline or training institution with an above average record of retentions and graduating individuals from disadvantaged backgrounds, and (2) centers of excellence at Historically Black Colleges and Universities beginning in fiscal year 1999 and thereafter. Authorizes appropriations of $51 million for fiscal year 1996, and such sums as may be necessary for fiscal year 1997 through fiscal year 1999. Further requires the Secretary to set-aside $12 million of the appropriated amounts in fiscal year 1996 through fiscal year 1998 for making grants to centers of excellence at certain Historically Black Colleges and Universities.

Repeals section 795 of the PHS Act, which requires individuals receiving scholarships, stipends, loan repayments, or other financial assistance under title VII, to complete their educational program, enter and complete a residency in primary care and practice in the primary care specialty for 5 years if they attended a school of dentistry. Provides for the continuation of existing agreements in effect as of the day before enactment in effect in accordance with the terms of the original agreements. Counts any period of practice as a primary care provider toward satisfying of the requirement of practice in section 795.

Section 102 amends Part C of title VII of the PHS Act to create Training in Primary Health Care and Preventive Medicine program. Repeals section 746, authorizing the Area Health Education Center Programs, and sections 748–752 authorizing General Provisions related to traineeships and fellowships awarded to individuals under these programs. Amends section 747 to provide the Training in Family Medicine, General Internal Medicine, General Pediatrics, Preventive Medicine, Physicians Assistants, and General Dentistry authority. Under the new section 747, provides for grants to: (1) plan develop, and operate, or participate in approved professional training programs (including an approved residency or internship program) in the field of family medicine, or pediatrics, that emphasize training for the practice of family medicine, general internal medicine, or general pediatrics; (2) provide financial assistance to medical students, interns, residents, practicing physicians, or other medical personnel, who plan to specialize or work in the practice of family medicine, general internal medicine, or general pediatrics; (3) plan, develop, and operate a training program to teach family medicine, general internal medicine (including geriatrics), or general pediatrics; (4) provide financial assistance to physicians who are participants in any such program and plan to teach in a family medicine, general internal medicine (including geriatrics), or general pediatrics; (5) meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants, and for training of individuals who will teach such programs; (6) meet the costs of projects to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine, that have available full-time faculty members trained and experienced in the field of preventive medicine, and for providing financial assistance to residency trainees enrolled in such programs; and (7) meet the costs of planning, developing, or operating programs that would lead to significantly greater ratio of participating individuals in such programs eventually entering practice in general dentistry in rural and medically underserved communities. Allows the Secretary to fund programs that provide a significant amount of care for underserved populations and other high-risk groups, including programs in general dentistry if the Secretary determines that there is a national shortage of general dentists.

Expands the Secretary's authority to provide grants or contracts for academic administrative units of medical schools to meet the costs of projects providing clinical instruction to include family medicine, general internal medicine, or general pediatrics; provides preference in making awards to applicants agreeing to establish and operate an academic administrative unit, or substantially expand such a unit, for programs in family medicine, general internal medicine, or general pediatrics. Requires the Secretary to give priority in awarding grants to qualified applicants with a record of training the greatest percentage of providers, or that demonstrate significant improvements in the percentage of providers which enter and remain in primary care practice after completing their initial board certification. Prohibits the Secretary from providing grants or contracts for administrative units, unless the medical school has a mission statement that includes a primary care medical education objective, faculty role models and administrative units in primary care, and required undergraduate ambulatory medical student clerkships in family medicine, internal medicine, and pediatrics.

Authorizes appropriations of $80 million for fiscal year 1996, and such sums as may be necessary for fiscal year 1997–99. Requires the Secretary to make available not less than 12 percent of appropriated amounts for awards of grants and contracts to family medicine academic administrative units.

Section 103 amends Part D of title VII providing for Area Health Education Centers (new section 750 of the PHS Act), authorizing the Secretary to make grants and enter contracts with eligible entities for projects to: (1) improve the recruitment, distribution, supply, quality, utilization, and efficiency of health personnel providing care for urban and rural areas with serious unmet health care needs; (2) encourage the regionalization of educational responsibilities of health professions schools; (3) design projects to prepare, through field placements, preceptorships, community-based primary care residency programs, agreements with community-based organizations, and other programs training individuals to effectively provide health services in health professions shortage areas [HPSAs]; (4) conduct health professions education and training activities consistent with national and State priorities, including geriatrics; (5) encourage health promotion and disease prevention activities; (6) conduct interdisciplinary training and practice involving other health professionals; (7) conduct continuing education programs for health professionals or coordinate with such programs; and (8) address other areas determined appropriate by the Secretary.

Requires the Secretary to give preference in awarding grants or contracts to projects that involve more than one health professions discipline or training institution, and have a good record of retention and graduation of individuals that enter practice in medically underserved communities. Requires the Secretary to award grants or contracts for the establishment of geriatric education centers, making a determination to fund a center if the Secretary determines that a greater need exists for training through geriatric education centers rather than through other entities, taking into consideration the impact of programs under section 747, as amended by the bill, would have on the production of geriatric health professionals. Also authorizes the Secretary to award grants or contracts for the operation of public health training centers accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects furthering the Secretary's goals for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. Authorizes appropriations of $39 million for fiscal year 1996, and such sums as may be necessary for fiscal year 1997 and fiscal year 1998, and $25 million for fiscal year 1999.

Section 104 amends Part E of title VII to provide the health Profession Workforce Development program by redesignating section 776 (Acquired Immune Deficiency Syndrome Special Training Project) as section 761 (Public Health Traineeships), and striking sections 777 (Geriatrics Special Training Project) and 778 (Rural Areas Special Training Project). Creates a new section 762, Health Profession Workforce Development program, authorizing the Secretary to award grants and enter contracts for projects to strengthen the capacity for health professions education and practice. Requires the Secretary to give priority in awarding grants and contracts to entities that will use grant amounts for the purposes of: (1) providing care for underserved populations and other high-risk groups; (2) increasing the number of individuals who are pursuing a course of study in a field in which there is a severe shortage of health professionals; (3) conducting health professions research and data collection; and (4) carrying out other activities in areas determined appropriate by the Secretary. Authorizes appropriations of $16 million for fiscal year 1996, such sums as necessary for each of fiscal year 1997 and fiscal year 1998, and $5 million for fiscal year 1999. Further requires the Secretary to reserve $2 million of the amount appropriated in a fiscal year for carrying out health professions research and data collection and analysis in accordance with section 792, which is amended to require the Secretary to expand the uniform health professions data reporting system when necessary and collect data on clinical social workers.

Amends section 301 of the Health Professions Education Extension Amendment of 1992 (P.L. 102–408), to extend the required date for the Advisory Council on Graduate Medical Education's final report on health professions issues until April 1, 1999, and extends the termination date authorizing the Council until September 30, 1999. Authorizes the Secretary to provide funding for the Council from appropriations provided under title VII. Transfers the section to part E of title VII as section 763.

Section 105 repeals Part F of title VII, Miscellaneous Programs; amends Part G of title VII by redesignating such part as Part F; strikes section 791(b) requiring applicants to submit information to the Secretary describing the program to be administered with such a grant; repeals section 793 (Statistics; Annual Report) requiring the Secretary to collect, analyze, and report annually on health professions data; repeals section 798 (Certain General Provisions); and redesignates section 799 (Definitions) as section 799B. Inserts new section 796, requiring applicants for grants under this section to submit to the Secretary an application that meets the requirements of the section including a plan for carrying out a project consistent with Federal, State, or regional program plans, contains specification of performance outcome standards for the grant or contract, and includes a description of the linkages between relevant educational and health care entities. Also provides that grant or contract funds could be used for training program development and support, faculty development, model demonstrations, trainee support, technical assistance, workforce analysis, and the dissemination of information, as appropriate. Entities receiving grants or contracts would be required to agree to maintain expenditures of non-Federal amounts at a level of expenditures in the preceding fiscal year. Authorizes the Secretary to require the entity applying for a grant to provide non-Federal matching funds. Payments would be made under a grant, cooperative agreement, or contract for a period not exceeding 5 years, subject to annual approval by the Secretary. Grant applications submitted under this title to be evaluated by a peer review group. In considering a preference or priority for funding based on outcome measures for an eligible entity, allows the Secretary to consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design. Requires the Secretary to use appropriate funds to provide technical assistance.

Section 106 amends section 791 by providing a preference, to permit new programs to compete more equitably for funding, for programs that meet certain criteria demonstrating that substantial clinical training of health professionals would be focused on preparation to serve in medically underserved areas, student assistance linked to service in medically underserved communities, and a placement mechanism for deploying graduates to medically underserved communities would be included.

Section 107 amends section 799B, as amended by the bill, replacing, in the definition of an eligible entity, a program in clinical psychology with a graduate program leading to the licensure in professional psychology. Adds to the definition of a medically underserved community a: (1) State or local health department that has a severe shortage of public health personnel as determined under criteria established by the Secretary; (2) ambulatory practice sites designated by the State Governors as shortage areas or medically underserved communities for purposes of State scholarships or loan repayment programs; or (3) areas with practices or facilities in which not less than 50 percent of the patients are recipients of aid under Medicaid, or eligible and uninsured. Also defines programs to train physician assistants as programs that: (1) extend for at least one academic year and include supervised clinical practice and at least four months of classroom instruction to prepare students to deliver health care; (2) have enrollment of not less than eight students, and train students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

Section 108 authorizes the Secretary to continue in effect any grant or contract made under the authority in effect the day before enactment of the bill, subject to the duration of such a grant or contract that was in place when the first financial assistance was approved, or in approving the most recent request made (before enactment) for continuation of such assistance.

Subtitle B—Nursing Education

Section 121 provides the short title, the Nursing Education Consolidation and Reauthorization Act of 1995.

Section 122 specifies that the purpose of this title is to restructure the nurse education authorities of title VIII of the PHS Act to permit a comprehensive, flexible, and effective approach to Federal support for nursing workforce development.

Section 123 amends title VIII of the PHS Act by striking the title heading and all that follows except subparts II (Student Loans) and III (Loan Repayment Program) of Part B, and sections 855 (Prohibitions Against Discrimination by Schools on the Basis of Sex) and 860 (Certain Generally Applicable Provisions), and inserting new sections in title VIII. Redesignates subpart III as subpart II, strikes section 837 (Authorization of Appropriations for Student Loan Funds). Inserts a new section under Part A (General Provisions) providing definitions of eligible entities, schools of nursing, accredited programs, nonprofit, and State. Requires eligible entities to submit an application to the Secretary with a plan for meeting the objectives of the title along with performance outcome standards relevant to national nursing needs, and a description of linkages with relevant educational and health care entities. Authorizes the use of grant or contract funds for nurse training program development and support, faculty development, model demonstrations, trainee support, technical assistance, workforce analysis, and dissemination of information appropriate to meet recognized nursing objectives. Also provides for maintenance of effort for activities supported by grants, requiring that entities agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the entity maintained for the preceding fiscal year before getting the grant. Authorizes the Secretary to require an entity to provide non-Federal matching funds, as appropriate, to ensure the institutional commitment to the program. Requires the Secretary to give preference to applicants with projects that will substantially benefit rural or underserved populations, or public health personnel shortage professions in State or local health departments. Further requires the Secretary to ensure that grants and contracts are awarded on a competitive basis to carry out innovative demonstration projects to provide strategic workforce supplementation activities needed to meet national nursing service goals. Requires the Secretary to annually approve the payments of a grant or contract, and limits payments to a period that may not exceed 5 years. Applications for grants, except advanced nurse traineeship grants, would be required to be submitted to a peer review group for evaluation. Prohibits the Secretary from approving an application unless a peer review group has recommended the application for approval.

Establishes a National Advisory Council on Nurse Education and Practice, consisting of the Secretary or delegate, and 15 members appointed by the Secretary. Requires the Council to include full-time nursing students, the general public, practicing professional nurses, and leading authorities in the various fields of nursing, higher and secondary education, representative of hospitals and other institutions providing nursing services. Requires the Council to advise the Secretary in preparation of general regulations and with respect to policy matters related to administering nursing education programs in title VIII, including issues relating to nurse supply, education and practice improvement. Authorizes the Secretary to use amounts appropriated under title VIII to support the education and practice activities of the Council.

Authorizes the Secretary to use funds appropriated under title VIII to provide technical assistance for the programs under this title.

Provides for recovery of construction assistance, plus any interest, by the Federal government any time within 20 years after completion of construction of a facility, if the owner of the facility ceases to be a public or nonprofit school, the facility ceases to be used for the training purposes for which it was constructed, or the facility is used for sectarian instruction or as a place for religious worship.

Provides for new Part B—Nurse Practitioners, Nurse Midwives, and other Advanced Practice Nurses program (section 811), authorizing the Secretary to award grants and enter contracts with eligible entities for the costs of projects to support the enhancement of advanced practice nursing education and practice, and traineeships for individuals in advanced practice nursing programs. Requires the Secretary to prescribe guidelines for authorized programs for nurse practitioners and nurse-midwifery, and other advanced practice nurse education programs, designed to train such providers to be qualified to effectively provide primary health care in homes, ambulatory care facilities, long-term care facilities, and other health care institutions. The guidelines include, at a minimum, requirements that the program: (1) extend for at least one academic year and consist of supervised clinical practice to prepare nurses to deliver primary health care and include at least 4 months (in the aggregate) of classroom instruction directed at the delivery of primary care, and (2) have an enrollment of not less than six full-time equivalent students. Prohibits the Secretary from awarding a grant to an applicant unless the applicant agrees to provide traineeships to pay all or part of educational expenses and the reasonable living expenses of a student. Also prohibits the Secretary from obligating more than 10 percent of the traineeships for individuals in doctorate degree programs. Requires the Secretary to give special consideration to entities that agree to expend the award to train advanced practice nurses who will practice in designated HPSA's.

Provides for new Part C—Increasing Nursing Workforce Diversity program (section 821), authorizing the Secretary to award grants and enter contracts to meet the costs of special projects to increase nursing education opportunities for individuals from disadvantaged racial and ethnic backgrounds underrepresented among registered nurses by providing student scholarships or stipends, pre-entry preparation, and retention activities. Requires the Secretary to take into consideration the recommendations of the First and Second Invitational congresses for Minority Nurse Leaders on "Caring for the Emerging Majority" in 1992 and 1993, and consult with nursing associations in carrying out this program. Authorizes the Secretary to request information on annual admission, retention, and graduation rates for ethnic and racial minorities from schools receiving grants, and if any of the rates reported fall below the average of the two previous years, the grant or contract would be required to provide the Secretary with plans for immediately improving the rates. If the grant recipient with falling rates fails to improve the rates within the 1-year period beginning on the date of implementing the plan, the grant recipient would become ineligible for continued funding.

Provides for new Part D—Strengthening Capacity for Basic Nurse Education and Practice program (section 831), authorizing the Secretary to award grants and enter contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice. Requires the Secretary to give priority to entities that will use amounts provided to enhance the education mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education for purposes of: (1) improving nursing services in schools and other community settings; (2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV–AIDS, substance abusers, homeless persons, and battered women; (3) providing case management, quality improvements, delegation and supervision, other skills needed under new health care systems; (4) developing cultural competencies among nurses; (5) providing emergency health services; (6) promoting career mobility for nursing personnel in a variety of training settings and cross training or specialty training among diverse populations; or (7) other priority areas determined by the Secretary.

Provides new Part E—Authorization of Appropriations, authorizing appropriations for new sections 811, 821 and 831 of $62 million for fiscal year 1996, and such sums as necessary in each of the fiscal years 1997 and 1998, and $59 million for fiscal year 1999.

Section 124 authorizes the Secretary to continue in effect any grant or contract made under the authority in effect on the day before enactment, subject to the duration of such grant when it was first approved or most recently requested for continuation.

Section 125 amends section 810A of the PHS Act, as amended by the bill, requiring that new nurse training programs be given preference to allow them to compete equitable for funding, as long as the program was designed to prepare nurses to serve in medically underserved communities and encourage practice among underserved populations.

Section 126 provides an effective date for the provisions of this subtitle of October 1, 1995, or the date of enactment of the bill, whichever is later.

Subtitle C—Financial Assistance

Part 1—National Health Service Corps Financial Assistance Programs

Section 131 amends section 338B, the Loan Repayment Program, to include public health disease prevention and health promotion activities, public health professionals, and public health schools as eligible activities, individuals, and institutions to participate in the NHSC loan repayment program.

Authorizes appropriations of $90 million for fiscal year 1996, and such sums as may be necessary for fiscal years 1998 through 2000.

Requires the Secretary to determine the most appropriate manner to allocate amounts between the scholarship, loan repayment, and State loan repayment programs. Also requires the Secretary to give priority to funding State-based programs as appropriate under chapter 3, distributing amounts among the programs in a way that furthers both Federal and State needs for health professionals in underserved areas.

Amends section 338I, Grants to States for Loan Repayment Programs, to include public health professionals among eligible health professionals, and amends references to HPSA's to include public health disease prevention and health promotion activities in Federal HPSA's or approved State designated HPSA's. Provides that a State may waive the requirement that a health professional be assigned only to public and nonprofit private entities to include service in a full-time private clinical practice in a HPSA. Expands the definitions applied to the section to include: (1) approved State designated HPSA, an area designated by a State as medically underserved based on criteria and methodology approved by the Secretary; (2) community organization, public or nonprofit private entities are eligible; (3) primary health care, health services of family medicine, general internal medicine, general pediatrics, or may include obstetrics and gynecology provided by physicians, certified nurse practitioners, certified nurse midwives, or physician assistants; and (4) State to include each of the several States and the District of Columbia.

Amends section 338L, Demonstration Grants to States for Community Scholarship Programs, renaming the program the Community Scholarship Programs. Replaces references to manpower shortage areas with Federal HPSA and approved State designated HPSAs. Strikes the requirement that the Secretary report to the relevant congressional committees on the program, the section of definitions, and the section authorizing appropriations for the section.

Section 132 provides restructuring and technical amendments to redesignated sections 338J (Grants to States for Operation of Offices of Rural Health) and 338K (Native Health scholarships) as section 338M and 338N; sections 338C through 338H as 338G through 338L; section 338I (Grants to States for Loan Repayment Programs) as 338E; section 338L (Demonstration Grants to States for Community Scholarship Programs) as 338F.

Consolidates certain sections of Subpart III of part D of title III by striking the subpart heading and inserting Subpart III—Federally Supported Scholarships and Loans, and Chapter 1—National Health Service Corps Scholarships Programs, and redesignating section 338B (NHSC Loan Repayment Program) as 338C, and inserting redesignated section 338C. Inserts new subchapter B—Nursing Loan Repayment Program, and inserts section 338D, the Nursing Loan Repayment Program. Transfers section 846 of subpart III of part B of title VIII (Nursing Loan Repayment Program) to follow after section 338C (subchapter B of chapter 2 of subpart III of part D of title III), as amended by the bill, striking subsections (d) and (g) related to breached agreements and authorizations of appropriations.

Inserts after section 338D, new titles for Chapter 3—State Loan Repayment and Community Scholarship Programs, and transfers section 338E, as redesignated by the bill. Also adds new title for subchapter B—Community Scholarship Programs, and transfers section 338F, as redesignated by the bill. Inserts title for Chapter 4—General Provisions.

Amends section 487E(a) of the PHS Act related to National Research Service Awards for biomedical and behavioral research at the National Institutes of Health, requiring that the period of obligated service required by the NHSC Loan Repayment Program apply to the National Research Service Awards program.

Section 133 amends section 332(a)(1) of the PHS Act related to designating HPSAs to add to the definition of a HPSA a State or local health department that has a severe shortage of public health personnel as determined under criteria established by the Secretary.

Section 134 provides confirming amendments to title III of the PHS Act.

Part 2—School-Based Revolving Loan Funds

Section 135 amends section 723(b)(1) of the PHS Act extending from 3 to 4 years after students graduate from the school before the requirement that the schools must meet certain requirements related to former students entering residency training programs in primary health care. Amends section 723(a) to require student loan recipients to practice primary health care for 5 years after completing the required residency program in primary health care.

Section 136 amends section 724(f)(1) authorizing Federal capital contributions to student loan funds, authorizing appropriations of $8 million for each of the fiscal years 1996 through 1998. Repeals the authority for appropriations effective October 1, 1998.

Section 137 amends section 836(b) providing, pursuant to uniform criteria established by the Secretary, the 10-year repayment requirements for any nursing student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, had made at least 12 consecutive payments could be extended for a period not to exceed 10 years. Amends section 836(g) requiring a minimum payment of $15 dollars per month during the repayment period of a loan from a loan fund, to require a $40 minimum payment. Eliminates the statute of limitation for loan collections by adding a new section to the end of section 836, providing that obligations to repay loans would be enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced. Also provides that no limitation would terminate the period within which a suit may be filed, a judgment enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing with an agreement with the Secretary seeking the repayment of a student loan. Both statute of limitation provisions would be effective on enactment. Creates a new section for breach of agreements for nursing student loan recipients who agreed to provide health services for a period of time in return for receiving loan repayments, requiring recipients to repay the Federal Government for the amount of the award, plus interest at the maximum legal prevailing rate within a three-year period. Amends section 839 to include requirements for capital distribution when a school terminates a nursing loan fund.

Section 138 amends section 735(e)(2) eliminating the requirement that Federal capital contribution amounts from student loan funds returned to the Secretary by health professions schools before the fourth quarter of a fiscal year may not be obligated before the fourth quarter.

Part 3—Insured Health Education Assistance Loans to Graduate Students

Section 141 amends section 705 of the PHS Act providing the Health Education Assistance Loans (HEAL) program, to allow that periodic installments of principal and interest need not be paid, but interest shall accrue, during any period not in excess of three years during which the borrower is providing health care services to Indians through an Indian health program. Includes conforming amendments and provides an effective date that applies to services provided on or after the first day of the third month that begins after the date of enactment. Also amends section 714 by allowing the Secretary, in the case of a borrower who dies, to collect any unpaid balance of a loan owed to the lender, holder of the loan, or the Federal Government from the borrower's estate.

Amends section 722(a)(1) of the PHS Act, to provide a maximum student loan of the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for the year at the educational institution attended by the student (determined by the educational institution). Also amends section 722(a)(2) providing that for third or fourth year medical students the amount of the loan may be increased to the extent necessary. Amends section 722(c) to extend the maximum loan repayment period from 10 years to 25 years. Amends section 722(j) to require minimum monthly payments of $40 on unpaid loan balances. Adds new section eliminating any statute of limitation on schools with an agreement with the Secretary that is seeking the repayment of the amount due from a borrower on a loan.

Section 142 amends section 707(a) requiring the Secretary to pay an insurance beneficiary not designated for exceptional performance a sum equal to 98 percent of the amount of the loss sustained by insured on a defaulted loan. Adds new section providing the Secretary to pay 100 percent of a loan loss, if the Secretary determines that an eligible lender, holder, or servicer of a loan has a compliance performance rating that equals or exceeds 97 percent. A compliance performance rating would be determined with respect to compliance with due diligence in the collection of loans for each year for which the determination was made, and eligible lenders interested in an exceptional performance designation would be subject to annual financial and compliance audits.

Section 143 amends section 702(a) authorizing the total amount of new loans made to borrowers under the HEAL program in 1996 of $350 million in 1997 of $375 million, and $425 million for each of the fiscal years 1998 and 1999. Amends section 710(a)(2)(B) extending the Secretary's authority to reserve $1,000,000 from the amounts in the HEAL insurance account for funding the Office for HEAL Default Reduction for 1993 and subsequent fiscal years.

Part 4—Scholarships for Disadvantaged Students

Section 151 amends Part B of title VII adding a new section 740, Scholarships for Disadvantaged Students, authorizing the Secretary to make grants or enter contracts with an eligible entity to award scholarships by schools to any eligible full-time student, for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school. Prohibits the Secretary from making a grant or entering a contract unless the health professions and nursing schools agreed to give preference to students for whom the costs of attending the school would be a severe financial hardship. Requires the Secretary to give priority to such schools based on the proportion of graduating students going into primary care, the proportion of minority students, and the proportion of graduates working in medically underserved areas. Also establishes the maximum scholarship award for an individual in a year of $3,000. Authorizes appropriations of $32 million for each of fiscal years 1996–99. Requires the Secretary to ensure that not less than 16 percent of the appropriated amounts be distributed to schools of nursing.

TITLE II. OFFICE OF MINORITY HEALTH

Section 201 amends section 1707 of the PHS Act providing the Office of Minority Health, regarding the duties of the office to improve the health of racial and ethnic minority groups, requiring the Secretary to carry out the following: (1) establishing short-range and long-range goals and objectives and coordinate all other activities with the PHS Act related to disease prevention, health promotion, service delivery, and research on minority individuals; (2) carry out activities by entering into interagency agreements with PHS agencies supporting research, demonstrations and evaluations to test new and innovative models, increasing knowledge and understanding of risk factors, and support improvements in information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, collect data on minority health resource center; (3) support a national minority health resource center to facilitate the exchange of health information, health promotion, preventive services, and education in the appropriate use of health care; (4) establish programs to improve access to health care services for individuals with limited proficiency in speaking English; (5) an annual report submitted by June 8 summarizing the minority health activities of each of the respective agencies.

Requires the Secretary to establish the Advisory Committee on Minority Health, composed of 12 members, to provide advice to the Deputy Assistant Secretary on the Development of goals and specific program activities for each racial and ethnic minority. The Advisory Committee would be required to make recommendations regarding language as an impediment to health care, the equitable allocation of grant awards under certain programs with respect to various racial and minority populations, and require the Secretary to ensure that information and services are provided in the language, educational, and cultural context most appropriate. The Deputy Assistant Secretary would be required to ensure that grant, contracts awards, and cooperative agreements, are made to public and nonprofit private entities. Further requires the Deputy Assistant Secretary to submit to the relevant congressional committees a biennial report, describing the activities carried out in the preceding two fiscal years, and evaluate the extent to which such activities have been effective in improving the health of racial and ethnic minorities.

Authorizes appropriations of $21 million for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997, 1998, and $19 million for fiscal year 1999.

TITLE III. SELECTED INITIATIVES

Section 301 amends section 317C of the PHS requiring the Secretary, acting through the Director of the Center for Disease Control and Prevention, to carry out programs regarding birth defects to collect, analyze, and make available data on birth defects, and operate regional centers for conducting applied epidemiological research on the prevention of such defects. Requires the Secretary to: (1) collect and analyze data by gender, and by racial and ethnic group; (2) collect data from birth certificates, death certificates, hospital records, and other appropriate sources; and (3) encourage States to establish or improve programs for collecting and analyzing epidemiological data on birth defects and make the data available. Also requires the Secretary to establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminated to health professionals and the general public information on birth defects, including the prevention of such defects. Authorizes the Secretary to make grants and enter into contracts with public and nonprofit private entities to carry out these programs. Not later than February 1 of fiscal year 1997, and every second year after, requires the Secretary to submit to the relevant congressional committees a report containing information regarding birth defects, including; (1) the incidence and prevalence of birth defects and the extent to which they contribute to infant mortality; (2) similar information specific to various racial and ethnic groups; (3) assessment of the effectiveness of various approaches of preventing birth defects; (4) a description of the activities of these programs; and (5) any recommendations regarding birth defects.

Section 302 amends section 1261 of the PHS Act, the Interagency Program for Trauma Research, requiring that the program activities include the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury. Also amends Part E of title XII of the PHS Act, Trauma Care, authorizing the Secretary to make grants to States for the purpose of carrying out demonstration projects to improve the availability of health services regarding traumatic brain injury. Authorizes the Secretary to make a grant only if the State involved agrees to establish an advisory board within the appropriate health department or another appropriate department required to be cognizant of findings and concerns of Federal, State and local agencies, citizens groups, and private industry. The advisory board would be required to encourage citizen participation through the establishment of public hearings and other types of community outreach programs. The bill authorizes the Secretary to make grants to States if the State agrees to make available in cash, non-Federal contributions toward the costs of not less than $1 for each $2 of Federal funds provided under the grant.

The bill authorizes appropriations of $5 million for fiscal 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1998. Requires the Secretary, acting through the appropriate agencies of the PHS, to conduct a study on traumatic brain injury to: (1) determine the incidence and prevalence of traumatic brain injury and develop a uniform reporting system for States to report such incidence; (2) identify common therapeutic interventions used for rehabilitation of individuals with such injuries, subject to the availability of information, and include an analysis of their effectiveness and adequacy of existing measures; and (3) develop practice guidelines for the rehabilitation of traumatic brain injury when the appropriate scientific research becomes available. Requires the Secretary to report to the relevant congressional committees not later than 18 months after enactment, on the findings on the incidence of traumatic brain injury. In addition, requires the Secretary to report to the relevant congressional committees not later than 3 years after enactment on the findings made as a result of identifying common therapeutic interventions and developing practice guidelines. Requires the Secretary, acting through the appropriate agencies, to conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

Section 303 amends section 338M, as redesignated by the bill, authorizing State Offices of Rural Health, authorizing States to provide non-Federal noncash matching contributions in order to receive a grant under the program. Authorizes appropriations of such sums as may be necessary for each of the fiscal years 1996 and 1997, and increases to $20 million the aggregate amount of grants that may be made under the section. Repeals section 338M, as redesignated by the bill, effective on October 1, 1997.

Section 304 amends section 10, Grants for Health Services for Pacific Islanders, of the Disadvantaged Minority Health Improvement Act of 1990, expanding the use of the grants for improving the quality and availability of substance abuse services and eliminating the use of the grants for improved health data systems. Further amends the use of the grants for improving the quality and availability of health care providers, including programs and projects to train new and upgrade the skills of existing health professionals. Eliminates the use of the grants to improve facility and equipment repair and maintenance systems, and to improve alcohol, drug abuse, and mental health prevention and treatment services and systems, and redesignates the following paragraphs. Provides for grants to be used to: (1) provide primary health care, preventive health care and related training to American Samoan health care professionals; and (2) improve access to health promotion and disease prevention services for rural American Samoa. Authorizes appropriations of $3 million for fiscal year 1995, $4 million for fiscal year 1996, and $5 million for fiscal year 1997. Requires the Secretary, acting through the Administrator of the Health Resources and Services Administration, to enter into a contract with a public or nonprofit private entity to conduct a study to determine the effectiveness of projects funded under this section not later than 180 days after the date of enactment. Requires the Secretary to prepare and submit to the relevant congressional committees, not later than July 1, 1996, a report describing the findings made by the study.

Section 305 amends section 398 of the PHS Act eliminating the limit on the number of demonstration projects regarding Alzheimer's disease, and limits the provisions of respite care to individuals who are living in single family homes or in congregate settings. The bill would provide grants for programs to improve the access of such individuals to home-based or community-based long-term care services, particularly for individuals who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas. Amends section 398A, eliminating the limitation on the duration of the grant, renaming the section as Requirement of Matching Funds, and continuing to provide a matching fund requirement. Also amends the matching fund requirement for the third year and subsequent years, under which the Secretary is prohibited from making payments exceeding 55 percent of the costs of such services. Authorizes appropriations of such sums as may be necessary through fiscal year 1998.

TITLE IV. MISCELLANEOUS PROVISIONS

Seciton 401 provides miscellaneous technical corrections regarding P.L. 103–183.

Section 402 amends Part B of title III of the PHS Act, authorizing grants for preventive health services, providing Miscellaneous Authorities Regarding Centers for Disease Control and Prevention (CDC). Requires the Secretary, acting through the Director of CDC, to establish technical and scientific peer review groups and scientific program advisory committees as needed to carry out the functions of the CDC. Requires the Secretary, acting through the Director of CDC, to also establish fellowship and training programs to be conducted by the CDC to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease detection and prevention methods. Requires that the programs be designed to enable health professionals and health personnel trained in such programs to work, after the training, in local State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Provides an effective date for the section of July 1, 1995.

Section 403 miscellaneous technical amendments regarding P.L. 103–43.

Section 404 provides technical corrections relating to health professions programs, amending section 799B, as redesignated by the bill, including in the definition of medically underserved communities ambulatory practice sites designated by State Governors as shortage areas or medically underserved communities for purposes of State scholarships or loan repayment or related agreements, or practices or facilities in which not less than 50 percent of the patients are recipients of aid under Medicaid or eligible and uninsured. Amends Part G of title VII of the PHS Act, adding a provision for recovery of Federal funds for the completion of construction of a facility, if at any time within 20 years after the completion, the facility ceases to be a public or other nonprofit agency, or public nonprofit school, or the facility ceases to be used for the teaching or training purposes for which it was constructed, or the facility is used for sectarian instruction, or as a place of religious worship. Provides an effective date for the amendments in this section of one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (P.L. 102–408).

Section 405 amends section 303(d)(1) of the PHS Act to specify the term family therapy counseling as an eligible health professional to carry out the mental health general duties of the PHS.

Section 406 amends section 481B(a) of the PHS Act to require the Director of National Institutes of Health reserve $2,500,000 in funding for the construction, renovation, or improvement of regional centers for research on primates for each of the fiscal years 1994 through 1996.

Section 407 requires the Secretary, regarding programs under parts B, C, D, and E of title VII, and parts B, C, D of title VII of the PHS act, to periodically publish in the Federal Register program announcements for the funding of awards under these programs; solicit and receive written and oral comments concerning such guidelines, including holding public forums for comments from interested individuals and groups; and take into consideration the information received in the public forums.

VIII. ADDITIONAL VIEWS OF SENATORS COATS, ASHCROFT, GREGG, ABRAHAM, GORTON, AND DEWINE

Sections 141–143 reauthorize the Health Education Assistance Loans to Graduate Students. Current HEAL loan regulations at 42 C.F.R. 60.11 may infringe on the civil rights or religious freedoms of certain health care providers by permitting deferral of HEAL loan repayment only if the loan recipient attends a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME has proposed standards that require accredited programs to provide or arrange for training in induced abortion procedures.

An amendment by Senator Coats that would have addressed this situation was not offered after Members on both sides expressed concern with the new standard and an interest in working on acceptable language. In the meantime, the ACGME and other interested parties have agreed to meet and revisit the proposed standards.

We reaffirm our resolve to ensure that this legislation does not violate the civil rights of health care providers by conditioning receipt of government benefits on a provider's willingness to perform or train induced abortions or to arrange for the performance or training of induced abortions.

IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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HEALTH PROFESSIONS EDUCATION CONSOLIDATION AND REAUTHORIZATION ACT OF 1995

* * * * * * *

SEC. 1. Short title.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

SUBTITLE A—HEALTH PROFESSIONS EDUCATION PROGRAMS

Sec. 101. Minority *and disadvantaged* health professions grant program.

Sec. 102. Training in [primary health care and preventive medicine] *family medicine, general internal medicine, general pediatrics, preventive medicine, physician assistants, and general dentistry.*

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Sec. 104. Health profession[*s*] workforce development.

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PART 2—SCHOOL-BASED REVOLVING LOAN FUNDS

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Sec. 138. General provisions.

PART 3—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

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Sec. 142. HEAL lender and holder performance standards.
Sec. 143. Reauthorization.

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TITLE IV—MISCELLANEOUS PROVISIONS

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Sec. 407. Required consultation by Secretary.

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART D—PRIMARY HEALTH CARE

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[Subpart III—Scholarship Program and Loan Repayment Program]

Subpart III—Federally Supported Scholarships and Loans

CHAPTER 1—NATIONAL HEALTH SERVICE CORPS SCHOLARSHIPS PROGRAMS

CHAPTER 2—NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAMS

Subchapter A—Loan Repayment Program

* * * * * * *

MENTAL HEALTH

SEC. 303. [242a] (a) In carrying out the purposes of section 301 with respect to mental health—

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(d)(1) Any individual who has received a clinical traineeship, in psychology, psychiatry, nursing, marital and family therapy, *coun-*

seling or social work, under subsection (a)(1) that was not of a limited duration or experimental nature (as determined by the Secretary) is obligated to serve, in service determined by the Secretary to be appropriate in the light of the individual's training and experience, at the rate of one year for each year (or academic year, whichever the Secretary determines to be appropriate) of the traineeship.

* * * * * * *

(4)(A) In the case of any individual any part of whose obligation to perform service under this subsection exists at the same time as any part of the individual's obligation to perform service under section [338C or 338D]*338G or 338H* (because of receipt of a scholarship under subpart II of part D) or the individual's obligation to perform service under section 472[1] (because of receipt of a National Research Service Award), or both, the same service may not be used to any extent to meet more than one of those obligations.

(B) In any case to which subparagraph (A) is applicable and in which one of the obligations is to perform service under section [338C or 338D]*338G or 338H*, the obligation to perform service under that section must be met (by performance of the required service or payment of damages) before the obligation to perform service under this subsection or under section 472.[1]

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PREVENTIVE HEALTH SERVICES REGARDING TUBERCULOSIS

SEC. 317E. (a) * * *

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(g) FUNDING.—

(1) * * *

(2) RESEARCH, DEMONSTRATION PROJECTS, EDUCATION, AND TRAINING.—For the purpose of [making grants under subsection (b)]*carrying out subsection (b)*, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1994 through 1998.

* * * * * * *

[(c)(1) The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction.

[(2)(A) The interest that United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of 91-day Treasury bills auctioned during such period.

[(B) The period referred to in subparagraph (A) is the period beginning—

[(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of such subsection, or

[(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover if collected.

[(d) The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

[(e) The right of recovery of the United States under subsection (a) shall not, prior to judgement, constitute a lien on any facility.

EVALUATIONS

[SEC. 859. (a) The Secretary shall, directly or through contracts with public and private entities, provide for evaluations of projects carried out pursuant to this title and for the dissemination of information developed as result of such projects. Such evaluations shall include an evaluation of the effectiveness of such projects in increasing the recruitment and retention of nurses.

[(b) The Secretary shall, not later than January 10, 1994, and every 2 years thereafter, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing evaluations carried out pursuant to subsection (a) during the preceding two fiscal years.

[(c) Of the amounts appropriated each fiscal year to carry out this title, the Secretary shall make available one percent to carry out this section.]

MISCELLANEOUS AUTHORITIES REGARDING CENTERS FOR DISEASE CONTROL AND PREVENTION

SEC. 317I. (a) TECHNICAL AND SCIENTIFIC PEER REVIEW GROUPS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, establish such technical and scientific peer review groups and scientific program advisory committees as are needed to carry out the functions of such Centers and appoint and pay the members of such groups, except that officers and employees of the United States shall not receive additional compensation for service as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of such peer review groups. Not more than one-fourth of the members of any such group shall be officers or employees of the United States.

(b) FELLOWSHIP AND TRAINING PROGRAMS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish fellowship and training programs to be conducted by such Centers to train individuals to develop skills in epidemiology, surveillance, laboratory analysis, and other disease de-

tection and prevention methods. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in local, State, national, and international efforts toward the prevention and control of diseases, injuries, and disabilities. Such fellowships and training may be administered through the use of either appointment or nonappointment procedures.

PROJECTS AND PROGRAMS FOR THE PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED DISEASES

SEC. 318. (a) * * *

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(3) in subsection **[**(d)(5)**]**(e)(5)

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PROJECTS AND PROGRAMS FOR THE PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED DISEASES

SEC. 318. (a) * * *

* * * * * * *

[(e)**]** *(f)* Nothing in this section shall be construed to require any State or any political subdivision of a State to have a sexually transmitted diseases program which would require any person, who objects to any treatment provided under such a program, to be treated under such a program.

Subpart II—National Health Service Corps Program

NATIONAL HEALTH SERVICE CORPS

SEC. 331. (a)(1) * * *

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(c) The Secretary may reimburse applicants for positions in the Corps (including individuals considering entering into a written agreement pursuant to section **[**338D**]***338H*) for actual and reasonable expenses incurred in traveling to and from their places of residence to a health professional shortage area (designated under section 332) in which they may be assigned for the purpose of evaluating such area with regard to being assigned in such area. The Secretary shall not reimburse an applicant for more than one such trip.

* * * * * * *

DESIGNATION OF HEALTH PROFESSIONAL SHORTAGE AREAS

SEC. 332. (a)(1) For purposes of this subpart the term "health professional shortage area" means (A) an area in an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services) which the Secretary determines has a health manpower shortage, (B) a population group which the Secretary determines has such a shortage**[**, or (C)**]**, *(C)* a public or nonprofit private medical facility or other public facility which the Secretary determines has such a shortage *or (D) a State or local health depart-*

ment that has a severe shortage of public health personnel as determined under criteria established by the Secretary. The Secretary shall not remove an area from the areas determined to be health professional shortage areas under subparagraph (A) of the preceding sentence until the Secretary has afforded interested persons and groups in such area an opportunity to provide data and information in support of the designation as a health professional shortage area or a population group described in subparagraph (B) of such sentence or a facility described in subparagraph (C) of such sentence, and has made a determination on the basis of the data and information submitted by such persons and groups and other data and information available to the Secretary.

* * * * * * *

NATIONAL ADVISORY COUNCIL

SEC. 337. (a) There is established a council to be known as the National Advisory Council on the National Health Service Corps (hereinafter in this section referred to as the "Council"). The Council shall be composed of fifteen members appointed by the Secretary. The Council shall consult with, advise, and make recommendations to, the Secretary with respect to his responsibilities in carrying out this subpart (other than section [338G] *338K*, and shall review and comment upon regulations promulgated by the Secretary under this subpart.

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Subpart III—Scholarship Program and Loan Repayment Program

NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM

SEC. 338A. (a) * * *

* * * * * * *

(e)(1) In disseminating application forms and contract forms to individuals desiring to participate in the Scholarship Program, the Secretary shall include with such forms—

(A) a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under section [338D] *338I* in the case of the individual's breach of the contract; and

(B) information respecting meeting a service obligation through private practice under an agreement under section [338C] *338H* and such other information as may be necessary for the individual to understand the individual's prospective participation in the Scholarship Program and service in the Corps, including a statement of all factors considered in approving applications for participation in the Program and in making assignments for participants in the Program.

* * * * * * *

(f) The written contract (referred to in this subpart) between the Secretary and an individual shall contain—

(1) * * *

* * * * * * *

(3) a statement of the damages to which the United States is entitled, under section [338D] *338I* for the individual's breach of the contract; and

* * * * * * *

(i) Not later than March 1 of each year, the Secretary shall submit to the Congress a report providing, with respect to the preceding fiscal year—

(1) * * *

* * * * * * *

(5)(A) the number, and type of health professions training, of individuals who have breached the contract under subsection (f) through any of the actions specified in subsection (a) or (b) of section [338F] *338I*; and

(B) with respect to such individuals—

(i) the educational institutions with respect to which payments have been made or were to be made under the contract;

(ii) the amounts for which the individuals are liable to the United States under section [338E] *338I*;

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SEC. 338B. NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM.

(a) * * *

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(c) APPLICATION, CONTRACT, AND INFORMATION REQUIREMENTS.—

(1) SUMMARY AND INFORMATION.—In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms—

(A) a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under section [338E] *338I* in the case of the individual's breach of the contract; and

(B) information respecting meeting a service obligation through private practice under an agreement under section [338D] *338H* and such other information as may be necessary for the individual to understand the individual's prospective participation in the Loan Repayment Program and service in the Corps.

* * * * * * *

(f) CONTENTS OF CONTRACTS.—The written contract (referred to in this subpart) between the Secretary and an individual shall contain—

(1) an agreement that—

(A) subject to paragraph (3), the Secretary agrees—

(i) * * *

* * * * * * *

(iv) to serve for a time period (hereinafter in this subpart referred to as the "period of obligated service") equal to 2 years or such longer period as the individual may agree to, as a provider of primary health services in a health professional shortage area (designated under section 332) to which such individual is assigned by the Secretary as a member of the Corps or released under section [338D] *338H*;

* * * * * * *

(4) a statement of the damages to which the United States is entitled, under section [338E] *338I* for the individual's breach of the contract; and

* * * * * * *

(i) REPORT.—Not later than March 1 of each year, the Secretary shall submit to the Congress a report providing, with respect to the preceding fiscal year—

(1) * * *

* * * * * * *

(7)(A) the number, and type of health professions training, of such individuals who have breached the contract under subsection (f) through any of the actions specified in subsection (a) or (b) of section [338E] *338I*; and

(B) with respect to such individuals—

(i) the educational institutions with respect to which payments have been made or were to be made under the contract;

(ii) the amounts for which the individuals are liable to the United States under section [338E] *338I*;

* * * * * * *

SEC. [338B.] *338C.* NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM.

(a) ESTABLISHMENT.—The Secretary shall establish a program to be known as the National Health Service Corps Loan Repayment Program to assure, with respect to the provision of primary health services pursuant to section 331(a)(2) *and public health disease prevention and health promotion activities*—

(1) an adequate supply of physicians, dentists, certified nurse midwives, certified nurse practitioners, [and physician assistants] *physician assistants, and public health professionals*; and

* * * * * * *

(1)(A) must have a degree in medicine, osteopathic medicine, dentistry, *public health*, or other health profession, or be certified as a nurse midwife, nurse practioner, or physician assistant;

(B) be enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, *public health*, or other health profession; or

(C) be enrolled as a full-time student—

(i) in an accredited (as determined by the Secretary) educational institution in a State; and

(ii) in the final year of a course of a study or program, offered by such institution and approved by the Secretary, leading to a degree in medicine, osteopathic medicine, dentistry, *public health,* or other health profession;

* * * * * * *

(c) APPLICATION, CONTRACT, AND INFORMATION REQUIREMENTS.— (1) * * *

* * * * * * *

(4) RECRUITMENT AND RETENTION.—

(A) The Secretary shall distribute to health professions schools *and schools of public health* materials providing information on the Loan Repayment Program and shall encourage the schools to disseminate the materials to the students of the schools.

(B)(i) In the case of any health professional *or public health professional* whose period of obligated service under the Loan Repayment Program is nearing completion, the Secretary shall encourage the individual to remain in a health professional shortage area and to continue providing primary health services *or public health disease prevention and health promotion activities.*

* * * * * * *

(C) In the case of entities to which participants in the Loan Repayment Program are assigned under section 333, the Secretary shall encourage the entities to provide options with respect to assisting the participants in remaining in the health professional shortage areas involved, and in continuing to provide primary health services, *or public health disease prevention and health promotion activities,* after the period of obligated service under the Loan Repayment Program is completed. The options with respect to which the Secretary provides such encouragement may include options regarding the sharing of a single employment position in the health professions *or public health professions* by 2 or more health professionals *or public health professionals,* and options regarding the recruitment of couples where both of the individuals are health professionals *or public health professionals.*

* * * * * * *

(f) CONTENTS OF CONTRACTS.—The written contract (referred to in this subpart) between the Secretary and an individual shall contain—

(1) an agreement that—

(A) subject to paragraph (3), the Secretary agrees—

(i) * * *

* * * * * * *

(iv) to serve for a time period (hereinafter in this subpart referred to as the "period of obligation service") equal to 2 years or such longer period as the individual may agree to, as a provider of primary health services *or public health disease prevention and health* *promotion activities* in a health professional shortage area (designated under section 332) to which such individual is assigned by the Secretary as a member of the Corps or released under section 338D;

* * * * * * *

(g) PAYMENTS.—

(1) IN GENERAL.— * * *

* * * * * * *

(iii) provides an incentive with respect to the health professional *or public health professional* involved remaining in a health professional shortage area, and continuing to provide primary health services, *or public health disease prevention and health promotion activities*, after the completion of the period of obligated service under the Loan Repayment Program.

* * * * * * *

(i) REPORTS.—* * *

* * * * * * *

(8) the effectiveness of the Secretary in recruiting health professionals *or public health professionals* to participate in the Loan Repayment Program, and in encouraging and assisting such professionals with respect to providing primary health services *or public health disease prevention and health promotion activities* to health professional shortage areas after the completion of the period of obligated service under such Program.

[Subpart III—Loan Repayment Program]

LOAN REPAYMENT PROGRAM

[SEC. 846.]

SEC. 338D. NURSING LOAN REPAYMENT PROGRAM

(a) IN GENERAL.—In the case of any individual—

* * * * * * *

[(d) BREACH OF AGREEMENT.—The Secretary may make payments under subsection (a) on behalf of an individual only if the agreement under such subsection provides that section 860(c) is applicable to the individual.]

* * * * * * *

[(g) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of payments under agreements entered into under subsection (a), there are authorized to be appropriated $5,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994.]

(g) BREACH OF AGREEMENT.—

(1) IN GENERAL.—In the case of any program under this section under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

(A) In the case of a program under this section that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a 'nursing program'), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

(i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

(ii) is dismissed from the nursing program for disciplinary reasons; or

(iii) voluntarily terminates the nursing program.

(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.

(2) WAIVER OR SUSPENSION OF LIABILITY.—In the case of an individual or health facility making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

(3) DATE CERTAIN FOR RECOVERY.—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

(4) AVAILABILITY.—Amounts recovered under paragraph (1) with respect to a program under this section shall be available for the purposes of such program, and shall remain available for such purposes until expended.

CHAPTER 3—STATE LOAN REPAYMENT AND COMMUNITY SCHOLARSHIP PROGRAMS

Subchapter A—State Loan Repayment Programs

SEC. [338I.] *338E.* GRANTS TO STATES FOR LOAN REPAYMENT PROGRAMS.

(a) IN GENERAL.—

(1) AUTHORITY FOR GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of assisting the States in operating programs described in paragraph (2) in order to provide for the increased availability of primary health services [in health professional shortage

areas] *or public health disease prevention and health promotion activities in Federal health professional shortage areas or approved State designated health professional shortage areas.*

(2) LOAN REPAYMENT PROGRAMS.—The programs referred to in paragraph (1) are, subject to subsection (c), programs of entering into contracts under which the State involved agrees to pay all or part of the principal, interest, and related expenses of the educational loans of health professionals *or public health professionals* in consideration of the professionals agreeing to provide primary health services [in health professional shortage areas] *or public health disease prevention and health promotion activities in Federal health professional shortage areas or approved State designated health professional shortage areas.*

* * * * * * *

(c) COORDINATION WITH FEDERAL PROGRAM.—

(1) ASSIGNMENTS FOR HEALTH PROFESSIONAL SHORTAGE AREAS UNDER [FEDERAL] *FEDERAL OR APPROVED STATE* PROGRAM.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that, in carrying out the program operated with the grant, the State will assign health professionals participating in the program only to public and nonprofit private entities located in and providing health services in health professional shortage areas *or approved State designated health professional shortage areas.*

(2) REMEDIES FOR BREACH OF CONTRACTS.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the contracts provided by the State pursuant to paragraph (2) of such subsection will provide remedies for any breach of the contracts by the health professionals *or public health professionals* involved.

(3) LIMITATION REGARDING, CONTRACT INDUCEMENTS.—

(A) Except as provided in subparagraph (B), the Secretary may not make a grant under subsection (a) unless the State involved agrees that the contracts provided by the State pursuant to paragraph (2) of such subsection will not be provided on terms that are more favorable to health professionals *or public health professionals* than the most favorable terms that the Secretary is authorized to provide for contracts under the Loan Repayment Program under section 338B, including terms regarding—

* * * * * * *

(ii) the availability of remedies for any breach of the contracts by the [health] professionals involved.

(B) With respect to the limitation established in subparagraph (A) regarding the annual amount of payments that may be provided to a health professional *or public health professional* under a contract provided by a State pursuant to subsection (a)(2), such limitation shall not apply with respect to a contract if—

* * * * * * *

(ii) the contract provides that the health professional *or public health professional* involved will satisfy the requirement of obligated service under the contract solely through the provision of primary health [services in a] *services or public health disease prevention and health promotion activities in a Federal"; and* health professional shortage area that is receiving priority for purposes of section 333A(a)(1) and that is authorized to receive assignments under section 333 of individuals who are participating in the Scholarship Program under section 338A.

(4) PRIVATE PRACTICE.—

(A) In carrying out the program operated with a grant under subsection (a), a State may waive the requirement of paragraph (1) regarding the assignment of health professional if, subject to subparagraph (B), the health professional enters into an agreement with the State to provide primary health services in full-time private clinical practice in a health professional shortage area.

(B) The Secretary may not make a grant under subsection (a) unless the State involved agrees that, if the State provides a wavier under subparagraph (A) for a health professional section 338D(b)(1) will apply to the agreement under such subparagraph between the State and the health professional to the same extent and in the same manner as such section applies to an agreement between the Secretary and a health professional regarding a full-time private clinical practice.

* * * * * * *

(d) RESTRICTIONS ON USE OF FUNDS.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the grant will not be expended—

(1) to conduct activities for which Federal funds are expended—

(A) within the State to provide technical or other non-financial assistance under subsection (f) of section 330;

(B) under a memorandum of agreement entered into with the State under subsection (h) of such section; or

(C) under a grant under section [338J] *338M*; or

* * * * * * *

[(h) DEFINITIONS.—For purposes of this section, the term "State" means each of the several States.

[(i) AUTHORIZATION OF APPROPRIATIONS.—

[(1) IN GENERAL.—For the purpose of making grants under subsection (a), there is authorized to be appropriated $10,000,000 for each of the fiscal years 1991 through 1995.

[(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available until expended.]

(h) DEFINITIONS.—Unless specifically provided otherwise, as used in this subpart and section 338F:

(1) APPROVED STATE DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA.—The term "approved State designated health professional shortage area' means an area designated by the

State as underserved using specific methodology and criteria to identify such areas. Such criteria and mythology shall be approved by the Secretary.

(2) COMMUNITY ORGANIZATION.—The term "community organization" means a public or nonprofit private entity.

(3) PRIMARY HEALTH CARE.—The term "primary health care" means health services regarding family medicine, general internal medicine, general pediatrics, or may include obstetrics and gynecology, that are provided by physicians, certified nurse practitioners, certified nurse midwives, or physician assistants.

(4) STATE.—The term "State" means each of the several States and the District of Columbia.

* * * * * * *

Subchapter B—Community Scholarship Programs

SEC. [338L.] *338F.* [DEMONSTRATION GRANTS TO STATES FOR] COMMUNITY SCHOLARSHIP PROGRAMS.

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration programs to increase the availability of primary health care in urban and rural health [manpower shortage areas] *Federal health professional shortage areas and in approved State designated health professional shortage areas* through assisting community organizations of such areas in educating individuals to serve as health professionals in such areas.

* * * * * * *

(c) GRANTS BY STATES TO COMMUNITY ORGANIZATIONS FOR PROVISION OF SCHOLARSHIP CONTRACTS.—The Secretary may not make a grant under subsection (a) unless the State involved agrees, subject to subsections (d) and (e) to carry out the purpose described in subsection (a) through operating a program in which the State makes grants to community organizations located in health [manpower shortage areas] *Federal health professional shortage areas* in order to assist the organizations with the costs of entering into contracts under which—

* * * * * * *

(2) the individuals agree to provide, in the health [manpower shortage areas] *Federal health professional shortage areas* in which the community organizations are located, primary health care for—

* * * * * * *

(e) SPECIFICATIONS REGARDING SCHOLARSHIP CONTRACT.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the State will make a grant to a community organization for a contract described in subsection (c) only if—

(1) the individual who is to receive the scholarship under the contract is a resident of the health [manpower shortage area] *Federal health professional shortage areas and in approved*

State designated health professional shortage areas in which the community organization is located;

* * * * * * *

(f) REPORTS TO SECRETARY.—The Secretary may not make a grant under subsection (a) unless the State involved agrees—

(1) for each fiscal year for which such a grant is received by the State, to submit to the Secretary a report—

(A) identifying the community organizations providing scholarships pursuant to subsection (c) and the health [manpower shortage areas] *Federal health professional shortage areas and in approved State designated health professional shortage areas* in which the community organizations are located;

* * * * * * *

(g) ESTIMATES REGARDING ALLOCATIONS BETWEEN URBAN AND RURAL AREAS.—The Secretary may not make a grant under subsection (a) unless the State involved submits to the Secretary, as part of the application required in subsection (h), an estimate of the amount of the grant that will be expended regarding the provision of primary health care in urban health [manpower shortage areas] *Federal health professional shortage areas and in approved State designated health professional shortage areas* of the State, and an estimate of the amount of the grant that will be edpended regarding the provision of such care in rural health [manpower shortage areas] *Federal health professional shortage areas and in approved State designated health professional shortage areas* of the State.

* * * * * * *

[(j) REPORTS TO CONGRESS.—

[(1) IN GENERAL.—Each fiscal year the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing information received by the Secretary under subsection (f) for the preceding fiscal year.

[(2) DATE FOR SUBMISSION.—With respect to a fiscal year, the report required in paragraph (1) shall be submitted for purposes of such paragraph by not later than the date on which the report required in section 339A(i) is required to be submitted for purposes of such section.

[(k) DEFINITIONS.—For purposes of this section:

[(1) COMMUNITY ORGANIZATION.—The term "community organization" means a public or nonprofit private entity.

[(2) PRIMARY HEALTH CARE.—The term "primary health care" means health services regarding family medicine, internal medicine, pediatrics, or obstetrics and gynecology, that are provided by physicians, certified nurse practitioners, certified nurse midwives, or physician assistants.

[(3) STATE.—The term "State" means each of the several States and the District of Columbia.

[(l) FUNDING.—

[(1) AUTHORIZATON OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated $5,000,000 for fiscal year 1991, $10,000,000 for fiscal year 1992, and such sums as may be necessary for fiscal year 1993.

[(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available until expended.

[(3) ALLOCATIONS FOR RURAL AREAS.—

[(A) In carrying out subsection (a), the Secretary shall, to the extent practicable, ensure that not less than 50 percent of the amounts appropriated under paragraph (1) are, in the aggregate, expended for making grants pursuant to subsection (c) to community organizations that are located in rural health manpower shortage areas.

[(B) Subparagraph (A) may not be construed to prohibit the Secretary from making grants under subsection (a) to States in which no rural health manpower shortage areas are located.

[(C) With respect to any fiscal year for which the Secretary is unable to comply with subparagraph (A), the Secretary shall, not later than April 1 of the subsequent fiscal year, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report stating the fact of such noncompliance and an explanation of the reasons underlying such noncompliance.]

CHAPTER 4—GENERAL PROVISIONS

Subchapter B—Nursing Loan Repayment Program

OBLIGATED SERVICE

SEC. [338C.] *338G.* (a) Except as provided in section [338D] *338H*, each individual who has entered into a written contract with the Secretary under section 338A or 338B shall provide service in the full-time clinical practice of such individual's profession as a member of the Corps for the period of obligated service provided in such contract.

* * * * * * *

(5)(A) In the case of the Scholarship Program, with respect to an individual receiving a degree from a school of medicine, osteopathic medicine, dentistry, *public health*, veterinary medicine, optometry, podiatry, or pharmacy, the date referred to in paragraphs (1) through (4) shall be the date on which the individual completes the training required for such degree, except that—

* * * * * * *

(E) In the case of the Loan Repayment Program, if an individual is required to provide obligated service under such Program, the date referred to in paragraphs (1) through (4)—

(i) shall be the date determined under subparagraph (A), (B) or (D) in the case of an individual who is enrolled in the final year of a course of study;

(ii) shall, in the case of an individual who is enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, *public health* or other health profession, be the date the individual completes such training program; and

(iii) shall, in the case of an individual who has a degree in medicine, osteopathic medicine, dentistry, *public health* or other health profession, and who has completed graduate training, be the date the individual enters into an agreement with the Secretary under section 338B.

(c) An individual shall be considered to have begun serving a period of obligated service—

(1) on the date such individual is appointed as an officer in a Regular or Reserve Corps of the Service or is designated as a member of the Corps under subsection (b)(3) or (b)(4), or

(2) In the case of an individual who has entered into an agreement with the Secretary under section [338D] *338H.*, on the date specified in such agreement,

whichever is earlier.

PRIVATE PRACTICE

SEC. [338D] *338H.* (a) The Secretary shall, to the extent permitted by, and consistent with, the requirements of applicable State law, release an individual from all or part of his service obligation under section [338O] *338G* (a) or under section 225 (as in effect on September 30, 1977) if the individual applies for such a release under this section and enters into a written agreement with the Secretary under which the individual agrees to engage for a period equal to the remaining period of his service obligation in the full-time private clinical practice (including service as a salaried employee in an entity directly providing health services) of his health profession—

* * * * * * *

BREACH OF SCHOLARSHIP CONTRACT OR LOAN REPAYMENT CONTRACT

SEC. [338E] *338I.* (a)(1) An individual who has entered into a written contract with the Secretary under section 338A and who—

* * * * * * *

(b)(1)(A) Except as provided in paragraph (2) if (for any reason not specified in subsection (a) or section [338F] *338K* (d)) an individual breaches his written contract by failing either to begin such individual's service obligation under section 338A in accordance with section [338C or 338D] *338G or 338H* or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula in which "A" is the amount the United States is entitled to recover, "o" is the sum of the amounts paid under this subpart to or on behalf of the individual and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States; "t" is the total number of months in the individual's period of obligated service; and "s" is the number of months of such period served by him in accordance with section [338C] *338G* or a written agreement under section [338D] *338H*.

* * * * * * *

(c)(1) If (for any reason not specified in subsection (a) or section [338F] *338K* (d)) an individual breaches the written contract of the individual under section 338B by failing either to begin such individual's service obligation in accordance with section [338C or 338D] *338G or 338H* or to complete such service obligation, the United States shall be entitled to recover from the individual an amount equal to the sum of—

* * * * * * *

SEC. [338F.] *338J.* FUND REGARDING USE OF AMOUNTS RECOVERED FOR CONTRACT BREACH TO REPLACE SERVICES LOST AS RESULT OF BREACH.

(a) * * *

(b) AUTHORIZATION OF APPROPRIATIONS TO FUND.—For each fiscal year, there is authorized to be appropriated to the Fund an amount equal to the sum of—

(1) the amount collected during the preceding fiscal year by the Federal Government pursuant to the liability of individuals under section [338I] *338I* for the breach of contracts entered into under section 338A or 338B;

(2) the amount by which grants under section [338I] *338E* have, for such preceding fiscal year, been reduced under subsection (g)(2)(B) of such section; and

* * * * * * *

SPECIAL LOANS FOR FORMER CORPS MEMBERS TO ENTER PRIVATE PRACTICE

SEC. [338G.] *338K.* (a) The Secretary may, out of appropriations authorized under section 338, make one loan to a Corps member who has agreed in writing—

(1) * * *

* * * * * * *

(2) to conduct such practice in accordance with section [338D] *338H* (b)(1); and

* * * * * * *

(1) in the case of an individual who has received a grant under this section (as in effect prior to October 1, 1984), an amount determined under section [338E] *338I(b)*, except that in applying the formula contained in such section "φ" shall be the sum of the amount of the grant made under subsection (a) to such individual and the interest on such amount which would be payable if at the time it was paid it was a loan bearing interest at the maximum legal prevailing rate, "t" shall be the number of months that such individual agreed to practice his profession under agreement, and "s" shall be the number of months that such individual practices his profession in accordance with such agreement; and

* * * * * * *

[SEC. 338H. REPORT AND AUTHORIZATION OF APPROPRIATIONS.

[(a) Report.—The Secretary shall report on March 1 of each year to the Committee on Labor and Human Resources of the Senate, the Committee on Energy and Commerce of the House of Representatives, and the Committees on Appropriations of the Senate and the House of Representatives on—

[(1) the number of providers of health care who will be needed for the Corps during the 5 fiscal years beginning after the date the report is filed; and

[(2) the number—

[(A) of scholarships the Secretary proposes to provide under the Scholarship Program during such 5 fiscal years;

[(B) of individuals for whom the Secretary proposes to make loan repayments under the Loan Repayment Program during such 5 fiscal years; and

[(C) of individuals who have no obligation under section 338C and who the Secretary proposes to have as members of the Corps during such 5 fiscal years,

in order to provide such number of health care providers.

[(b) Funding.—

[(1) Authorization of appropriations.—For the purpose of carrying out this subpart, there are authorized to be appropriated $63,900,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 through 2000.

[(2) Reservation of amounts.—

[(A) Scholarships for new participants.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall obligate not less than 30 percent for the purpose of providing contracts for scholarships under this subpart to individuals who have not previously received such scholarships.

[(B) Scholarships for first-year study in certain fields.—With respect to certification as a nurse practitioner, nurse midwife, or physician assistant, the Secretary shall, of the amounts appropriated under paragraph (1) for a fiscal year, obligate not less than 10 percent for the purpose of providing contracts for scholarships under this subpart to individuals who are entering the first year of study in a course of study or program described in subsection[1] 338A(b)(1)(B) that leads to such a certification. Amounts obligated under this subparagraph shall be in addition to amounts obligated under subparagraph (A).]

SEC. [338h.] *338L.* AUTHORIZATION OF APPROPRIATIONS

(a) Authorization of Appropriations.—For the purpose of carrying out this subpart, there are authorized to be appropriated $90,000,000 for fiscal year 1996 and such sums as may be necessary for each of the fiscal years 1997 through 2000.

(b) Distribution of Amounts.—The Secretary shall determine the most appropriate manner in which to allocate amounts appropriated under subsection (a) between the programs authorized in chapter 1, chapter 2, and chapter 3. In determining the manner in which to allocate such amounts, the Secretary shall give priority to funding State-based programs as appropriate under chapter 3. The Secretary shall distribute such amounts among the various pro-

grams in such chapters in a manner which furthers both Federal and State needs for health professionals in underserved areas.

SEC. [338J.] *338M.* GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH.

(a) IN GENERAL.—* * *

* * * * * * *

(b) REQUIREMENT OF MATCHING FUNDS.—

(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the State involved agrees, with respect to the costs to be incurred by the State in carrying out the purpose described in such subsection, to provide non-Federal contributions [in cash] toward such costs in an amount equal to—

* * * * * * *

(e) CERTAIN USES OF FUNDS.—

(1) RESTRICTIONS.—* * *

* * * * * * *

(III) under a grant under section [338I] *338E;*

* * * * * * *

(j) AUTHORIZATION OF APPROPRIATION.—

(1) IN GENERAL.—For the purpose of making grants under subsection (a), there are authorized to be appropriated $3,000,000 for fiscal year 1991, $4,000,000 for fiscal year 1992, [and] $3,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1996 through 1997.

* * * * * * *

(k) TERMINATION OF PROGRAM.—No grant may be made under this section after the aggregate amounts appropriated under subsection (j)(1) are equal to [$10,000,000] *$20,000,000.*

SEC. [338K.] *338N.* NATIVE HAWAIIAN HEALTH SCHOLARSHIPS.

(a) * * *

* * * * * * *

Subpart II—Grants for Demonstrations Projects With Respect to Alzheimer's Disease

SEC. 398. [280c-3] ESTABLISHMENT OF PROGRAM.

(a) IN GENERAL.—The Secretary shall make [not less than 5, and not more than 15,] grants to States for the purpose of assisting grantees in carrying out demonstration projects for planning, establishing, and operating programs—

(1) * * *

* * * * * * *

(2) to provide home health care, personal care, day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer's disease or related disorders *who are living in single family homes or in congregate settings*; [and]

(3) to improve the access of such individuals to home-based or community-based long-term-care services (subject to the serv-

ices being provided by entities that were providing such services in the State involved as of October 1, 1995), particularly such individuals as of October 1, 1995), particularly such individuals who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas; and

[(3)] *(4)* to provide to health care providers, to individuals with Alzheimer's disease or related disorders, to the families of such individuals, to organizations established for such individuals and such families, and to the general public, information with respect to—

* * * * * * *

SEC. 398A. [280c–4] [LIMITATION ON DURATION OF GRANT AND REQUIREMENT OF MATCHING FUNDS.] *REQUIREMENT OF MATCHING FUNDS*

[(a) Limitation on Duration of Grant.—The period during which payments are made to a State from a grant under section 398(a) may not exceed 3 years. Such payments shall be subject to annual evaluation by the Secretary.]

[(b)] *(a)* [Requirement of Matching Funds.—

(1)(A) * * *

* * * * * * *

(C) For the [third year] *third or subsequent year* of such payments to a State, the Secretary may not make such payments in an amount exceeding 55 percent of the costs of such services.

* * * * * * *

(2) * * *

* * * * * * *

(A) * * *

* * * * * * *

(C) for the [third year] *third or subsequent year* of such payments to the State, not less than $45 (in cash or in kind under subsection (c)) for each $55 of such Federal funds.

[(c)] Determination of Amount of Non-Federal Contribution.—Non-Federal contributions required in subsection (b) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determing the amount of such non-Federal contributions.

SEC. 398B. [280c-5] GENERAL PROVISIONS.

(a) Limitation on Administrative Expenses.—* * *

* * * * * * *

(e) Authorizations of Appropriations.—For the purpose of carrying out this subpart, there are authorized to be appropriated $5,000,000 for each of the fiscal years 1988 through 1990, $7,500,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 [and 1993] *through 1998.*

* * * * * * *

TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEATLH

ORGANIZATION OF THE NATIONAL INSTITUTES OF HEALTH

SEC. 401. (a) * * *

* * * * * * *

LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS

SEC. 487E. (a) * * *

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[(3) APPLICABILITY OF CERTAIN PROVISIONS REGARDING OBLIGATED SERVICE.—Except to the extent inconsistent with this section, the provisions of sections 338C and 338E shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in section 338B.]

(3) APPLICABILITY OF CERTAIN PROVISIONS REGARDING OBLIGATED SERVICE.—With respect to the National Health Service Corps loan repayment program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with this section, apply to the program established in subsection (a) in the same manner and to the same extent as such provision apply to the National Health Service Corps loan repayment programs.

* * * * * * *

RESEARCH AND RESEARCH TRAINING REGARDING TUBERCULOSIS

SEC. 447A. (a) In carrying out section 446, the Director of the Institute shall conduct or support research and research training regarding the cause, diagnosis, early detection, prevention and treatment of tuberculosis.

(b) For the purpose of carrying out subsection (a), there are authorized to be appropriated $50,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1998. Such authorization is in addition to any other authorization of appropriations that is available for such purposes.

PART E—OTHER AGENCIES OF NIH

Subpart 1—National Center for Research Resources

GENERAL PURPOSE

SEC. 479. * * *

* * * * * * *

BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES

SEC. 481A. * * *

* * * * * * *

(D) The applicant—

(i) has been designated as a center of excellence under [section 739] *part B of title VII*;

CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH ON PRIMATES

SEC. 481B. [287a–3] (a) With respect to activities carried out by the National Center for Research Resources to support regional centers for research on primates, the Director of NIH shall, for each of the fiscal years 1994 through 1996, reserve from the amounts appropriated under section 481A(h) [$5,000,000] *$2,500,000* for the purpose of making awards of grants and contracts to public or nonprofit private entities to construct, renovate, or otherwise improve such regional centers. The reservation of such amounts for any fiscal year is subject to the availability of qualified applicants for such awards.

* * * * * * *

TITLE VII—HEALTH PROFESSIONS EDUCATION

PART A—STUDENT LOANS

Subpart I—Insured Health Education Assistance Loans to Graduate Students

* * * * * * *

SEC. 702. SCOPE AND DURATION OF LOAN INSURANCE PROGRAM.

(a) IN GENERAL.—The total principal amount of new loans made and installments paid pursuant to lines of credit (and defined in section 719) to borrowers covered by Federal loan insurance under this subpart shall not exceed $350,000,000 for fiscal year [1993] *1996*, $375,000,000 for fiscal year [1994] *1997*, and $425,000,000 for [fiscal year 1995] *each of the fiscal years 1998 and 1999*. If the total amount of new loans made and installments paid pursuant to lines of credit in any fiscal year is less than the ceiling established for such year, the difference between the loans made and installments paid and the ceiling shall be carried over to the next fiscal year and added to the ceiling applicable to that fiscal year, and if in any fiscal year no ceiling has been established, any difference carried over shall constitute the ceiling for making new loans (including loans to new borrowers) and paying installments for such fiscal year. Thereafter, Federal loan insurance pursuant to this subpart may be granted only for loans made (or for loan installments paid pursuant to lines of credit) to enable students, who have obtained prior loans insured under this subpart, to continue or complete their educational program or to obtain a loan under section 705(a)(1)(B) to pay interest on such prior loans; but no insurance may be granted for any loan made or installment paid after [September 30, 1998] *September 20, 2002*. The total principal amount of Federal loan insurance available under this subsection shall be granted by the Secretary without regard to any apportionment for the purpose of chapter 15 of title 31, United States Code, and without regard to any similar limitation.

* * * * * * *

SEC. 705. ELIGIBILITY OF BORROWERS AND TERMS OF INSURED LOANS.

(a) In General.—A loan by an eligible lender shall be insurable by the Secretary under the provisions of this subpart only if—

(1) made to—

(A) * * *

* * * * * * *

(C) provides that periodic installments of principal and interest need not be paid, but interest shall accrue, during any period (i) during which the borrower is pursuing a full-time course of study at an eligible institution (or at an institution defined by section 481(a) of the Higher Education Act of 1965); (ii) not in excess of four years during which the borrower is a participant in an accredited internship or residency program (including any period in such a program described in subclause (I) or subclause (II) of subparagraph (B)(i)); (iii) not in excess of three years, during which the borrower is a member of the Armed Forces of the United States; (iv) not in excess of three years during which the borrower is in service as a volunteer under the Peace Corps Act; (v) not in excess of three years during which the borrower is a member of the National Health Service Corps; (vi) not in excess of three years during which the borrower is in service as a full-time volunteer under title I of the Domestic Volunteer Service Act of 1973; (vii) not in excess of 3 years, for a borrower who has completed an accredited internship or residency training program in osteopathic general practice, family medicine, general internal medicine, preventive medicine, or general pediatrics and who is practicing primary care; (viii) not in excess of 1 year, for borrowers who are graduates of schools of chiropractic: (ix) any period not in excess of two years which is described in subparagraph (B)(ii); [and (x)] *(x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(a)(2)(A)); and (xi)* in addition to all other deferments for which the borrower is eligible under clauses (i) through [(ix)] *(x)*, any period during which the borrower is a member of the Armed Forces on active duty during the Persian Gulf conflict, and any period described in clauses (i) through [(x)] *(xi)* shall not be included in determining the 25-year period described in subparagraph (B);

* * * * * * *

SEC. 707. DEFAULT OF BORROWER.

(a) Conditions for Payment to Beneficiary.—Upon default by the borrower on any loan covered by Federal loan insurance pursuant to this subpart, and after a substantial collection effort (including, subject to subsection (h), commencement and prosecution of an action) as determined under regulations of the Secretary, the insurance beneficiary shall promptly notify the Secretary and the Secretary shall, if required (at that time or after further collection efforts) by the beneficiary, or may on his own motion, if the insurance is still in effect, pay to the beneficiary the amount of the loss sustained by the insured upon that loan as soon as that amount has been [determined. Not later than one year after the date of the enactment of the Health Professions Education Extension Amendments of 1992, the Secretary shall establish performance standards for lenders and holders of loans under this subpart, including fees to be imposed for failing to meet such standards.] *determined, except that, if the insurance beneficiary including any services of the loan is not designated for "exceptional performance", as set forth in paragraph (2), the Secretary shall pay to the beneficiary a sum equal to 98 percent of the amount of the loss sustained by the insured upon that loan.*

(b) SUBROGATION.—[Upon] *(1) IN GENERAL.—Upon* payment by the Secretary of the amount of the loss pursuant to subsection (a), the United States shall be subrogated for all of the rights of the holder of the obligation upon the insured loan and shall be entitled to an assignment of the note or other evidence of the insured loan by the insurance beneficiary. If the net recovery made by the Secretary on a loan after deduction of the cost of that recovery (including reasonable administrative costs) exceeds the amount of the loss, the excess shall be paid over to the insured. The Secretary may sell without recourse to eligible lenders (or other entities that the Secretary determines are capable of dealing in such loans) notes or other evidence of loans received through assignment under the first sentence.

(2) EXCEPTIONAL PERFORMANCE.

(A) AUTHORITY.—Where the Secretary determines that an eligible lender, holder, or servicer has a compliance performance rating that equals or exceeds 97 percent, the Secretary shall designate that eligible lender, holder, or servicer, as the case may be, for exceptional performance.

(B) COMPLIANCE PERFORMANCE RATING.—For purposes of subparagraph (A), a compliance performance rating is determined with respect to compliance with due diligence in the disbursement, servicing, and collection of loans under this subpart for each year for which the determination is made. Such rating shall be equal to the percentage of all due diligence requirements applicable to each loan, on average, as established by the Secretary, with respect to loans serviced during the period by the eligible lender, holder, or servicer.

(C) ANNUAL AUDITS FOR LENDERS, HOLDERS, AND SERVICERS.—Each eligible lender, holder, or servicer desiring a designation under subparagraph (A) shall have an annual financial and compliance audit conducted with respect to the loan portfolio of such eligible lender, holder, or servicer, by a qualified independent organization from a list of qualified organizations identified by the Secretary and in accordance with standards established by the Secretary. The standards shall measure the lender's, holder's, or servicer's compliance with due diligence standards and shall include a defined statistical sampling technique designed to measure the performance rating of the eligible lender, holder, or servicer for the purpose of this sec-

tion. Each eligible lender, holder, or servicer shall submit the audit required by this section to the Secretary.

(D) SECRETARY'S DETERMINATIONS.—The Secretary shall make the determination under subparagraph (A) based upon the audits submitted under this paragraph and any information in the possession of the Secretary or submitted by any other agency or office of the Federal Government.

(E) QUARTERLY COMPLIANCE AUDIT.—To maintain its status as an exceptional performer, the lender, holder, or servicer shall undergo a quarterly compliance audit at the end of each quarter (other than the quarter in which status as an exceptional performer is established through a financial and compliance audit, as described in subparagraph (C)), and submit the results of such audit to the Secretary. The compliance audit shall review compliance with due diligence requirements for the period beginning on the day after the ending date of the previous audit, in accordance with standards determined by the Secretary.

(F) REVOCATION AUTHORITY.—The Secretary shall revoke the designation of a lender, holder, or servicer under subparagraph (A) if any quarterly audit required under subparagraph (E) is not received by the Secretary by the date established by the Secretary or if the audit indicates the lender, holder, or servicer has failed to meet the standards for designation as an exceptional performer under subparagraph (A). A lender, holder, or servicer receiving a compliance audit not meeting the standard for designation as an exceptional performer may reapply for designation under subparagraph (A) at any time.

(G) DOCUMENTATION.—Nothing in this section shall restrict or limit the authority of the Secretary to require the submission of claims documentation evidencing servicing performed on loans, except that the Secretary may not require exceptional performers to submit greater documentation than that required for lenders, holders, and servicers not designated under subparagraph (A).

(H) COST OF AUDITS.—Each eligible lender, holder, or servicer shall pay for all the costs associated with the audits required under this section.

(I) ADDITIONAL REVOCATION AUTHORITY.—Notwithstanding any other provision of this section, a designation under subparagraph (A) may be revoked at any time by the Secretary if the Secretary determines that the eligible lender, holder, or servicer has failed to maintain an overall level of compliance consistent with the audit submitted by the eligible lender, holder, or servicer under this paragraph or if the Secretary asserts that the lender, holder, or servicer may have engaged in fraud in securing designation under subparagraph (A) or is failing to service loans in accordance with program requirements.

(J) NONCOMPLIANCE.—A lender, holder, or servicer designated under subparagraph (A) thct fails to service loans or otherwise comply with applicable program regulations shall be considered in violation of the Federal False Claims Act.

* * * * * * *

(4) The term "servicer" means any agency acting on behalf of the insurance beneficiary.

SEC. 709. OFFICE FOR HEALTH EDUCATION ASSISTANCE LOAN DEFAULT REDUCTION.

(a) ESTABLISHMENT.—* * *

* * * * * * *

(4) coordinate with other Federal entities that are involved with student loan programs, including—

* * * * * * *

(B) with respect to the Department of Justice, in the recovery of payments from health professionals who have defaulted on loans guaranteed under this subpart; *and*

(5) provide technical assistance to borrowers, lenders, holders, and institutions concerning deferments and collection activities[; and].

[(6) prepare and submit a report not later than March 31, 1993, and annually, thereafter, to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning—

[(A) the default rates for each—

[(i) institution described in section 719(1) that is participating in the loan programs under this subpart;

[(ii) lender participating in the loan program under this subpart; and

[(iii) loan holder under this subpart;

[(B) the total amounts recovered pursuant to section 707(b) during the preceding fiscal year; and

[(C) a plan for improving the extent of such recoveries during the current fiscal year.]

* * * * * * *

SEC. 710. INSURANCE ACCOUNT.

(a) IN GENERAL.—

* * * * * * *

(B) With respect to amounts described in subparagraph (A) that are received by the Secretary for [any of the fiscal years 1993 through 1996] *fiscal year 1993 and subsequent fiscal years*, the Secretary may, before depositing such amounts in the Account, reserve from the amounts each such fiscal year not more than $1,000,000 for obligation under section 709(d).

* * * * * * *

SEC. 714. REPAYMENT BY SECRETARY OF LOANS OF DECEASED OR DISABLED BORROWERS.

If a borrower who has received a loan dies or becomes permanently and totally disabled (as determined in accordance with regulations of the Secretary), the Secretary shall discharge the borrower's liability on the loan by repaying the amount owed on the loan from the account established under section 710. Notwithstanding the first sentence, the Secretary may, in the case of a borrower who dies, collect any remaining unpaid balance owed to the lender, the holder of the loan, or the Federal Government from the borrower's estate.

* * * * * * *

SEC. 722. LOAN PROVISIONS.

(a) Amount of Loan.—

(1) In general.—Loans from a student loan fund (established under an agreement with a school under section 721) may not, subject to paragraph (2), exceed for any student for a school year (or its equivalent) [the sum of—

[(A) the cost of tuition for such year at such school, and

[(B) $2,500.] *the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for that year at the educational institution attended by the student (as determined by such educational institution).*

(2) Third and fourth years of medical school.—For purposes of paragraph (1), [the amount $2,500 may, in the case of the third or fourth year of a student at school of medicine or osteopathic medicine, be increased to the extent necessary (including such $2,500)] *the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary* to pay the balances of loans that, from sources other than the student loan fund under section 721, were made to the individual for attendance at the school. The authority to make such an increase is subject to the school and the student agreeing that such amount (as increased) will be expended to pay such balances.

* * * * * * *

(c) Repayment; Exclusions From [Ten-Year] Repayment Period.—Such loans shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the [ten-year period which begins] *period of not less than 10 years nor more than 25 years which begins* one year after the student ceases to pursue a full-time course of study at a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatry, optometry, or veterinary medicine, excluding from [such ten-year period] *such period—*

* * * * * * *

(j) Authority of Schools Regarding Rate of Payment.—A school may provide, in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than [$15] *$40* per month.

* * * * * * *

(m) Elimination of Statute of Limitation for Loan Collections.—

(1) Purpose.—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced

without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

(2) PROHIBITION.—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school that has an agreement with the Secretary pursuant to section 721 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.

SEC. 723. MEDICAL SCHOOLS AND PRIMARY HEALTH CARE.

(a) REQUIREMENTS FOR STUDENTS.—

(1) * * *

* * * * * * *

(B) to practice in such care [through the date on which the loan is repaid in full] *for 5 years after completing the residency program.*

* * * * * * *

(b) REQUIREMENTS FOR SCHOOLS.—

(1) IN GENERAL.—Subject to the provisions of this subsection, in the case of student loan funds established under section 721 by schools of medicine or osteopathic medicine, each agreement entered into under such section with such a school shall provide (in addition to the provisions required in subsection (b) of such section) that, for the 1-year period ending on June 30, 1997; and for the 1-year period ending on June 30 of each subsequent fiscal year, the school will meet not less than 1 of the conditions described in paragraph (2) with respect to graduates of the school whose date of graduation from the school occurred approximately [3 years before] *4 years before* the end of the 1-year period involved.

* * * * * * *

[(c) REPORTS BY SECRETARY.—The Secretary shall each fiscal year submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report regarding the administration of this section, including the extent of compliance with the requirements of this section, during the preceding fiscal year.]

[(d)]*(c)* DEFINITIONS.—For purposes of this section:

* * * * * * *

SEC. 724. [292t] INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.

(a) * * *

* * * * * * *

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—With respect to making Federal capital contributions to student loan funds for purposes of subsection (a) there is authorized to be appropriated for such contribu-

tions **[**$15,000,000 for fiscal year 1993**]** *$8,000,000 for each of the fiscal years 1996 through 1998.*

* * * * * * *

SEC. 735. GENERAL PROVISIONS.

(a) * * *

* * * * * * *

(e) DISPOSITION OF FUNDS RETURNED TO SECRETARY.—

(1) * * *

(2) DATE CERTAIN FOR CONTRIBUTIONS.—Amounts described in paragraph (1) that are returned to the Secretary shall be obligated before the end of the succeeding fiscal year.

* * * * * * *

[PART B—STUDENTS FROM DISADVANTAGED BACKGROUNDS

[SEC. 736. [293] SCHOLARSHIPS FOR STUDENTS OF EXCEPTIONAL FINANCIAL NEED.

[(a) IN GENERAL.—The Secretary shall make grants to public and nonprofit private schools of medicine, osteopathic medicine, and dentistry for scholarships to be awarded by the schools to full-time students thereof who are of exceptional financial need, subject to section 795 (relating to residency training and practice in primary health care).

[(b) REQUIREMENTS REGARDING SCHOLARSHIPS.—

[(1) ACCEPTANCE FOR FULL-TIME ENROLLMENT.—Scholarships may be awarded by a school from a grant under subsection (a) only to individuals who have been accepted by it for enrollment as full-time students.

[(2) AUTHORIZED EXPENDITURES.—A scholarship provided to a student for a school year under a grant under subsection (a) shall consist of payment to, or (in accordance with paragraph (4)) on behalf of, the student of an amount (except as provided in section 798(c)) equivalent to the amount of—

[(A) the tuition of the student in such school year; and

[(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the student in such year.

[(3) AUTHORITY REGARDING PAYMENTS TO EDUCATIONAL INSTITUTION.—The Secretary may contract with an educational institution in which is enrolled a student who has received a scholarship with a grant under subsection (a) for the payment to the educational institution of the amounts of tuition and other reasonable educational expenses described in paragraph (2). Payment to such an educational institution may be made without regard to section 3224 of title 31, United States Code.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under this section, there is authorized to be appropriated $11,000,000 for fiscal year 1993.

[SEC. 737. [293a] SCHOLARSHIPS GENERALLY; CERTAIN OTHER PURPOSES.

[(a) ESTABLISHMENT OF PROGRAM.—

[(1) IN GENERAL.—Subject to subsection (e), the Secretary may make grants to health professions schools for the purpose of assisting such schools in providing scholarships to individuals described in paragraph (2).

[(2) ELIGIBLE INDIVIDUALS.—The individuals referred to in paragraph (1) are individuals who—

[(A) are from disadvantaged backgrounds; and

[(B) are enrolled (or accepted for enrollment) as full-time students in such schools.

[(3) HEALTH PROFESSIONS SCHOOLS.—For purposes of this section, the term "health professions schools" means schools of medicine, nursing (as schools of nursing are defined in section 853), osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health, or schools offering graduate programs in clinical psychology.

[(b) MINIMUM QUALIFICATIONS OF GRANTEES.—The Secretary may not make a grant under subsection (a) unless the health professions school—

[(1) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including racial and ethnic minorities; and

[(2) is carrying out a program for recruiting and retaining minority faculty.

[(c) PREFERENCES IN PROVIDING SCHOLARSHIPS.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees that, in providing scholarships pursuant to the grant, the school will give preference to students—

[(1) who are from disadvantaged backgrounds; and

[(2) for whom the costs of attending the school would constitute a severe financial hardship.

[(d) UDE OF SCHOLARSHIP.—A scholarship provided pursuant to subsection (a) for attendance at a health professions school—

[(1) may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in such attendance; and

[(2) may not, for any year of such attendance for which the scholarship is provided, provide an amount exceeding the total amount required for the year for the expenses specified in paragraph (1).

[(e) PROVISIONS REGARDING PURPOSES OTHER THAN SCHOLARSHIPS.—

[(1) AUTHORITY REGARDING ASSISTANCE FOR UNDERGRADUATES.—With respect to undergraduates who have demonstrated a commitment to pursuing a career in the health professions, a health professions school may expend not more than 25 percent of a grant under subsection (a) for the purpose of providing financial assistance to such undergraduates in order to facilitate the completion of the educational requirements for such careers.

[(2) REQUIRED ACTIVITIES OF SCHOOL.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees—

[(A) to ensure that adequate instruction regarding minority health issues is provided for in the curricula of the school;

[(B) with respect to health clinics providing services to a significant number of individuals who are from disadvantaged backgrounds, including members of minority groups, to enter into arrangements with 1 or more such clinics for the purpose of providing students of the school with experience in providing clinical services to such individuals;

[(C) with respect to public or nonprofit secondary educational institutions and undergraduate institutions of higher education, to enter into arrangements with 1 or more such institutions for the purpose of carrying out programs regarding the educational preparation of disadvantaged students, including minority students, to enter the health professions and regarding the recruitment of such students into the health professions;

[(D) to establish a mentor program for assisting disadvantaged students, including minority students, regarding the completion of the educational requirements for degrees from the school;

[(E) to be carrying out the activities specified in subparagraphs (A) through (D) by not later than 1 year after the date on which a grant under subsection (a) is first made to the school; and

[(F) to continue carrying out such activities, and the activities specified in paragraphs (1) and (2) of subsection (b), throughout the period during which the school is receiving a grant under subsection (a).

[(3) RESTRICTIONS ON USE OF GRANT.—The Secretary may not make a grant under subsection (a) for a fiscal year unless the health profession school involved agrees that the grant will not be expended to carry out the activities specified in paragraph (1) or (2) of subsection (b), or in any of subparagraphs (A) through (D) of paragraph (2) of this subsection.

[(f) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

[(g) DEFINITION.—For purposes of this section, the term "school of nursing" has the meaning given such term in section 853.

[(h) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 1993.

[(2) ALLOCATIONS BY SECRETARY.—In making grants under subsection (a), the Secretary—

[(A) shall, of the amounts appropriated under paragraph (1), make available 30 percent for such grants to schools of nursing; and

[(B) shall give special consideration to health professions schools that have enrollments of under represented minorities above the national average for health professions schools.

[SEC. 738. [293b] LOAN REPAYMENTS AND FELLOWSHIPS REGARDING FACULTY POSITIONS.

[(a) LOAN REPAYMENTS.—

[(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program of entering into contracts with individuals described in subsection (b) under which the individuals agree *to serve as members of the faculties of schools described in* paragraph (3) in consideration of the Federal Government agreeing to pay, for each year of such service, not more than $20,000 of the principal and interest of the educational loans of such individuals.

[(2) ELIGIBLE INDIVIDUALS.—The individuals referred to in paragraph (1) are individuals from disadvantaged backgrounds who—

[(A) have a degree in medicine, osteopathic medicine, dentistry, or another health profession;

[(B) are enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, or other health profession; or

[(C) are enrolled as a full-time student—

[(i) in an accredited (as determined by the Secretary) school described in paragraph (3); and

[(ii) in the final year of a course of a study or program, offered by such institution and approved by the Secretary, leading to a degree from such a school.

[(3) ELIGIBLE HEALTH PROFESSIONS SCHOOLS.—The schools described in this paragraph are schools of medicine, nursing (as schools of nursing are defined in section 853), osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, or public health, or schools offering graduate programs in clinical psychology.

[(4) ADDITIONAL LIMITATION ON AMOUNT OF REPAYMENTS.—Payments made under this subsection regarding the educational loans of an individual may not, for any year for which the payments are made, exceed an amount equal to 20 percent of the outstanding principal and interest on the loans.

[(5) REQUIREMENTS REGARDING FACULTY POSITIONS.—The Secretary may not enter into a contract under paragraph (1) unless—

[(A) the individual involved has entered into a contract with a school described in paragraph (3) to serve as a member of the faculty of the school for not less than 2 years, and the individual has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the Secretary receives the request of the individual for a contract under paragraph (1); and

[(B) the contract referred to in subparagraph (A) provides that—

[(i) the school will, for each year for which the individual will serve as a member of the faculty under the contract with the school, make payments of the principal and interest due on the educational loans of the individual for such year in an amount equal to the amount of such payments made by the Secretary for the year; and

[(ii) the payments made by the school pursuant to clause (i) on behalf of the individual will be in addition to the pay that the individual would otherwise receive for serving as a member of such faculty.

[(6) WAIVER REGARDING SCHOOL CONTRIBUTIONS.—The Secretary may waive the requirement established in paragraph (5)(B) if the Secretary determines that the requirement will impose an undue financial hardship on the school involved. If the Secretary grants such a waiver, paragraph (4) shall not apply with respect to the individual involved.

[(7) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, including the applicability of provisions regarding reimbursements for increased tax liability and regarding bankruptcy.

[(b) FELLOWSHIPS.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, health administration, clinical psychology, and other public or private nonprofit health or educational entities of the type described in section 799, to assist such schools in increasing the number of underrepresented minority faculty members at such schools.

[(2) APPLICATIONS.—To be eligible to receive a grant or contract under this subsection, a school shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including an assurance that—

[(A) amounts received under such a grant or contract will be used to award a fellowship to an individual only if—

[(i) the individual has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the individual submits a request for the fellowship; and

[(ii) the individual meets the requirements of paragraphs (3) and (4); and

[(B) each fellowship awarded pursuant to the grant or contract will include a stipend in an amount not exceeding 50 percent of the regular salary of a similar faculty member, or $30,000, whichever is less.

[(3) ELIGIBILITY.—To be eligible to receive a grant or contract under paragraph (1), an applicant shall demonstrate to the Secretary that such applicant has or will have the ability to—

[(A) identify, recruit and select individuals from underrepresented minorities in health professions who have the potential for teaching, administration, or conducting research at a health professions institution;

[(B) provide such individuals with the skills necessary to enable them to secure a tenured faculty position at such institution, which may include training with respect to pedagogical skills, program administration, the design and conduct of research, grants writing, and the preparation of articles suitable for publication in peer reviewed journals;

[(C) provide services designed to assist such individuals in their preparation for an academic career, including the provision of mentors; and

[(D) provide health services to rural or medically underserved populations.

[(4) REQUIREMENTS.—To be eligible to receive a grant or contract under paragraph (1) an applicant shall—

[(A) provide an assurance that such applicant will make available (directly through cash donations) $1 for every $1 of Federal funds received under this section for the fellowship;

[(B) provide an assurance that institutional support will be provided for the individual for a second year at a level that is not less than the total amount of Federal and institutional funds provided in the year in which the grant or contract was awarded;

[(C) provide an assurance that the individual that will receive the fellowship will be a member of the faculty of the applicant school; and

[(D) provide an assurance that the individual that will receive the fellowship will have, at a minimum, appropriate advanced preparation (such as a master's or doctoral degree) and special skills necessary to enable such individual to teach and practice.

[(5) DEFINITION.—For purposes of this subsection, the term "minority" means an individual from a racial or ethnic group that is underrepresented in the health professions.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $4,000,000 for fiscal year 1993.

[SEC. 739. [293c] CENTERS OF EXCELLENCE

[(a) IN GENERAL.—The Secretary shall make grants to health professions schools described in subsection (c) for the purpose of assisting the schools in supporting programs of excellence in health professions education for minority individuals.

[(b) REQUIRED USE OF FUNDS.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees to expend the grant—

[(1) to establish, strengthen, or expand programs to enhance the academic performance of minority students attending the school;

[(2) to establish, strengthen, or expand programs to increase the number and quality of minority applicants to the school;

[(3) to improve the capacity of such school to train, recruit, and retain minority faculty;

[(4) with respect to minority health issues, to carry out activities to improve the information resources and curricula of the school and clinical education at the school; and

[(5) to facilitate faculty and student research on health issues particularly affecting minority groups.

[(c) CENTERS OF EXCELLENCE.—

[(1) IN GENERAL.—

[(A) The health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraph (B), and that—

[(i) meet each of the conditions specified in paragraph (2)(A);

[(ii) meet each of the conditions specified in paragraph (3);

[(iii) meet each of the conditions specified in paragraph (4); or

[(iv) meet each of the conditions specified in paragraph (5).

[(B) The conditions specified in this subparagraph are that a health professions school—

[(i) has a significant number of minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

[(ii) has been effective in assisting minority students of the school to complete the program of education and receive the degree involved;

[(iii) has been effective in recruiting minority individuals to attend the school, including providing scholarships and other financial assistance to such individuals and encouraging minority students of secondary educational institutions to attend the health professions school; and

[(iv) has made significant recruitment efforts to increase the number of minority individuals serving in faculty or administrative positions at the school.

[(C) In the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

[(2) CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—

[(A) The conditions specified in this subparagraph are that a health professions school—

[(i) is a school described in section 799(1); and

[(ii) received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.

[(B) In addition to the purposes described in subsection (b), a grant under subsection (a) to a health professions school meeting the conditions described in subparagraph (A) may be expended—

[(i) to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for minority individuals; and

[(ii) to provide improved access to the library and informational resources of the school.

[(3) HISPANIC CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are that—

[(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the health professions school involved; and

[(B) the health professions school agree, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Hispanic individuals.

[(4) NATIVE AMERICAN CENTERS OF EXCELLENCE.—Subject to subsection (e), the conditions specified in this paragraph are that—

[(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the health professions school involved;

[(B) the health professions school agree, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Native Americans; and

[(C) the health professions school agree, as a condition of receiving a grant under subsection (a), that—

[(i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education whose enrollment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—

[(I) to identify Native American students of the institution who are interested in a career in the health profession or professions involved; and

[(II) to facilitate the educational preparation of such students to enter the health professions school; and

[(ii) the health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the educational requirements for a degree from the health professions school.

[(5) OTHER CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are that a health professions school has an enrollment of underrepresented minorities above the national average for such enrollments of health professions schools.

[(d) Designation as Center of Excellence.—

[(1) In general.—Any health professions school receiving a grant under subsection (a) and meeting the conditions described in paragraph (2) or (5) of subsection (c) shall, for purposes of this section, be designated by the Secretary as a Center of Excellence in Minority Health Professions Education.

[(2) Hispanic centers of excellence.—Any health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(3) shall, for purposes of this section, be designated by the Secretary as a Hispanic Center of Excellence in Health Professions Education.

[(3) Native American centers of excellence.—Any health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(4) shall, for purposes of this section, be designated by the Secretary as a Native American Center of Excellence in Health Professions Education. Any consortium receiving such a grant pursuant to subsection (e) shall, for purposes of this section, be so designated.

[(e) Authority Regarding Native American Centers of Excellence.—

[(1) Authority for collectively meeting relevant requirements.—With respect to meeting the conditions specified in subsection (c)(4), the Secretary may make a grant under subsection (a) to any school of medicine, osteopathic medicine, dentistry, or pharmacy that has in accordance with paragraph (2) formed a consortium of schools that meets such conditions (without regard to whether the schools of the consortium individually meet such conditions).

[(2) Requirements regarding consortium.—A consortium of schools has been formed in accordance with this paragraph if—

[(A) the consortium consists of a school seeking a grant pursuant to paragraph (1) and 1 or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, or public health;

[(B) the schools of the consortium have entered into an agreement for the allocation of such grant among the schools;

[(C) each of the schools agrees to expend the grant in accordance with this section; and

[(D) each of the schools of the consortium—

[(i) is part of the same institution of higher education as the school seeking the grant; or

[(ii) is located not farther than 50 miles from the school seeking the grant.

[(f) Duration and Amount of Grant.—

[(1) Duration.—The period during which payments are made under a grant under subsection (a) may not exceed 3 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.

[(2) AMOUNT.—A grant under subsection (a) for a fiscal year may not be made in an amount that is less than $500,000.

[(g) MAINTENANCE OF EFFORT.—

[(1) IN GENERAL.—With respect to activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not make such a grant to a health professions school for any fiscal year unless the school agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the school for the fiscal year preceding the fiscal year for which the school receives such a grant.

[(2) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a health professions school and available for carrying out activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not make such a grant to the school for any fiscal year unless the school agrees that the school will, before expending the grant, expend the Federal amounts obtained from sources other than the grant.

[(h) DEFINITIONS.—For purposes of this section:

[(1)(A) The term "health professions school" means, except as provided in subparagraph (B), a school of medicine, a school of osteopathic medicine, a school of dentistry, or a school of pharmacy.

[(B) The definition established in subparagraph (A) shall not apply to the use of the term "health professions school" for purposes of subsection (c)(2).

[(2) The term "program of excellence" means any program carried out by a health professions school with a grant made under subsection (a), if the program is for purposes for which the school involved is authorized in subsection (b) or (c) to expend the grant.

[(3) The term "Native Americans" means American Indians, Alaskan Natives, Aleuts, and Native Hawaiians.

[(i) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for fiscal year 1993.

[(2) ALLOCATIONS BY SECRETARY.—

[(A) Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available $12,000,000 for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (2)(A) of subsection (c).

[(B) Of the amounts appropriated under paragraph (1) for a fiscal year and available after compliance with subparagraph (A), the Secretary shall make available 60 percent for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)).

[(C) Of the amounts appropriated under paragraph (1) for a fiscal year and available after compliance with subparagraph (A), the Secretary shall make available 40 percent for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (5) of subsection (c).

[SEC. 740. [293d] EDUCATIONAL ASSISTANCE REGARDING UNDERGRADUATES.

[(a) In General.—

[(1) Authority for grants.—For the purpose of assisting individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, to undertake education to enter a health profession, the Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, public and nonprofit private schools which offer graduate programs in clinical psychology, and other public or private nonprofit health or educational entities to assist in meeting the costs described in paragraph (2).

[(2) Authorized expenditures.—A grant or contract under paragraph (1) may be used by the health or educational entity to meet the cost of—

[(A) identifying, recruiting, and selecting individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession,

[(B) facilitating the entry of such individuals into such a school,

[(C) providing counseling or other services designed to assist such individuals to complete successfully their education at such a school,

[(D) providing for a period prior to the entry of such individuals into the regular course of education of such a school, preliminary education designed to assist them to complete successfully such regular course of education at such a school, or referring such individuals to institutions providing such preliminary education,

[(E) publicizing existing sources of financial aid available to students in the education program of such a school or who are undertaking training necessary to qualify them to enroll in such a program,

[(F) paying such scholarships as the Secretary may determine for such individuals for any period of health professions education at a school of medicine, osteopathic medicine, or dentistry,

[(G) paying such stipends as the Secretary may approve for such individuals for any period of education in student-enhancement programs (other than regular courses) at any school described in subsection (a)(1), except that such a stipend may not be provided to an individual for more than

12 months, and such a stipend shall be in an amount of $40 per day (notwithstanding any other provision of law regarding the amount of stipends).

The term "regular course of education of such a school" as used in subparagraph (D) includes a graduate program in clinical psychology.

[(b) Requirements Regarding Enrollment, Priority in Making Grants.—

[(1) Increased enrollment of individuals from disadvantaged backgrounds.—Schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine and public and nonprofit schools that offer graduate programs in clinical psychology that receive a grant under subsection (a) shall, during a period of 3 years commencing on the date of the award of the grant, increase their first year enrollments of individuals from disadvantaged backgrounds by at least 20 percent over enrollments in the base year 1987.

[(2) Conditions for schools to receive priority.—The Secretary shall give priority for funding, in years subsequent to the expiration of the 3-year period described in paragraph (1)—

[(A) to schools that attain such increase in their first year enrollment by the end of such 3-year period, and

[(B) to schools that attain a 20 percent increase over such base year enrollment.

[(3) Applicability of certain condition for priority.—The requirement for at least a 20 percent increase in such enrollment shall apply only to those schools referred to in paragraph (1) that have a proportionate enrollment of such individuals from disadvantaged backgrounds that is less than 200 percent of the national average percentage of such individuals in all schools of each health professions discipline.

[(4) Determination of enrollment.—Determination of both first year and total enrollment of such individuals shall be made by the Secretary in accordance with section 792.

[(c) Equitable Allocation of Financial Assistance.—The Secretary shall ensure that services and activities under subsection (a) are equitably allocated among the various racial and ethnic populations.

[(d) Funding.—

[(1) Authorization of appropriations.—For the purpose of grants and contracts under subsection (a)(1), there is authorized to be appropriated $31,500,000 for fiscal year 1993.

[(2) Allocations.—Of the amounts appropriated under paragraph (1) for any fiscal year, the Secretary shall obligate amounts in accordance with the following.

[(A) 70 percent shall be obligated for grants or contracts to institutions of higher education.

[(B) 20 percent shall be obligated for scholarships under subsection (a)(2)(F) to individuals of exceptional financial need (as defined by the Secretary under section 736) who are students at schools of medicine, osteopathic medicine, or dentistry. The provision of such scholarships to such individuals shall be subject to section 795 (relating to residency training and practice in primary health care). Such scholarships shall be administered and awarded in the same manner and subject to the same requirements as scholarships under section 736.

[(C) 10 percent shall be obligated for community-based programs.

[(D) Not more than 5 percent may be obligated for grants and contracts having the primary purposes of informing individuals about the existence and general nature of health careers.

"PART B—DISADVANTAGED HEALTH PROFESSIONS TRAINING

"§736. Statement of purpose

"(a) IN GENERAL.—The Secretary shall make grants to or enter into contracts with eligible entities for the purpose of establishing, enhancing, and expanding programs to increase the number and the quality of disadvantaged health professionals, particularly those who provide health services to disadvantaged populations or in medically underserved areas or rural areas.

(b) USE OF FUNDS.—Amounts provided under a grant or contract awarded under this part may be used for costs of planning, developing, or operating centers of excellence in minority health professions education, programs for assisting individuals from disadvantaged backgrounds to enter a health profession, minority faculty development, minority faculty loan repayment or fellowships, trainee support, technical assistance, workforce analysis, and dissemination of information.

(e) CONSORTIUM.—Schools within a consortium that applies for a grant or contract under this part shall enter into an agreement to allocate the funds received under the grant or contract among such schools and expend such funds in accordance with the application for such grant or contract.

§737. Preferences

In awarding grants or contracts to eligible entities under this part, the Secretary shall give preference to—

(1) projects that involve more than one health professions discipline or training institution and have an above average record of retention and graduation of individuals from disadvantaged backgrounds; and

(2) centers of excellence at Historically Black Colleges and Universities (as defined in section 739) beginning in fiscal year 1999 and for each fiscal year thereafter.

§738. Authorization of appropriation

(a) IN GENERAL.—There are authorized to be appropriated to carry out this part, $51,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.

(b) SET-ASIDE.—With respect to each of the fiscal years 1996, 1997, and 1998, the Secretary shall set-aside $12,000,000 percent of the amount appropriated under subsection (a) in each such fiscal

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year for the purpose of making grants under section 736 to centers of excellence at certain Historically Black Colleges and Universities.

(c) NO LIMITATION.—Nothing in this section shall be constructed as limiting the centers of excellence referred to in subsection (b) to the set-aside amount, or to preclude such entities from competing for other grants under section 736.

§739. Definitions

As used in this part:

(1) CENTERS OF EXCELLENCE.—The term "centers of excellence" means a health professions school that—

(A)(i) has a significant number of minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

(ii) has been effective in assisting minority students of the school to complete the program of education and receive the degree involved;

(iii) has been effective in recruiting minority individuals to attend the school and encouraging minority students of secondary educational institutions to attend the health professions school; and

(iv) has made significant recruitment efforts to increase the number of minority individuals serving in faculty or administrative positions at the school; or

(B) is a center of excellence at certain Historically Black Colleges and Universities.

(2) CONSORTIUM.—The term "consortium" means the designated eligible entity seeking a grant under this part and one or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, public health, or graduate programs in mental health practice.

(3) ELIGIBLE ENTITIES.—The term "eligible entities" means schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health or schools offering graduate programs in mental health practice, State or local governments, and other public or nonprofit private entities determined appropriate by the Secretary that submit to the Secretary an application.

(4) HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—The term "Historically Black Colleges and Universities" means a school described in section 799B(1) that has received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.

* * * * * * *

§740. Scholarships for disadvantaged students

(a) IN GENERAL.—The Secretary may make a grant to an eligible entity (as defined in subsection (f)(1)) under this section for the awarding of scholarships by schools to any full-time student who is an eligible individual as define in subsection (f). Such scholarships may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school, and may not, for any year of such attend-

ance for which the scholarship is provided, provide an amount exceeding the total amount required for the year.

(b) Preference in Providing Scholarships.—The Secretary may not make a grant to or enter into a contract with an entity under subsection (a) unless the health professions and nursing schools involved agrees that, in providing scholarships pursuant to the grant or contract, the school will give preference to students for whom the costs of attending the school would constitute a severe financial hardship and, notwithstanding other provisions of this section, to former recipients of scholarships under sections 736 and 740(d)(2)(B) (as such sections existed on the day before the date of enactment of this section).

(c) Amount of Award.—In awarding grants and contracts to eligible entities that are health professions and nursing schools, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of minority students, and the proportion of graduates working in medically underserved areas.

(d) Maximum Scholarship Award.—The maximum scholarship that an individual may receive in any year from an eligible entity that is a health professions and nursing schools shall be $3000.

(e) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section, $32,000,000 for each of the fiscal years 1996 through 1999. Of the amount appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.

(f) Definitions.—As used in this section:

(1) Eligible entities.—The term "eligible entities" means an entity that—

(A) is a school of medicine, osteopathic medicine, dentistry, nursing, (as defined in section 801) pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health, a school offering a graduate program in mental health practices, or an entity providing programs for the training of physician assistant; and

(B) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

(2) Eligible individual.—The term "eligible individual" means an individual who—

(A) is from a disadvantaged background;

(B) has a financial need for a scholarship; and

(C) is enrolled (or accepted for enrollment) at an eligible health profession or nursing school as a full-time student in a program leading to a degree in a health profession.

PART C—TRAINING IN [PRIMARY HEALTH CARE] *FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, PHYSICIAN ASSISTANTS, AND GENERAL DENTISTRY*

[SEC. 746. AREA HEALTH EDUCATION CENTER PROGRAMS.

[(a) Authority for Provision of Financial Assistance.—

[(1) ASSISTANCE FOR PLANNING, DEVELOPMENT, AND OPERATION OF PROGRAMS.—

[(A) The Secretary shall provide financial assistance to schools of medicine and osteopathic medicine for the planning, development, and operation of area health education center programs.

[(B)(i) Subject to clause (ii), the period during which payments are made from an award under subparagraph (A) may not exceed 12 years. The provision of the payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. The preceding sentence may not be construed as establishing a limitation on the number of awards under such subparagraph that may be made to the school involved.

[(ii) In the case of an area health education center planned, developed, or operated with an award under subparagraph (A), the period during which the award is expended for the center may not exceed 6 years.

[(2) ASSISTANCE FOR CERTAIN PROJECTS OF EXISTING PROGRAMS.—

[(A) The Secretary shall provide financial assistance to schools of medicine and osteopathic medicine—

[(i) which have previously received Federal financial assistance for an area health education center program under section 802 of the Health Professions Educational Assistance Act of 1976 in fiscal year 1979 or under paragraph (1), or

[(ii) which are receiving assistance under paragraph (1),

to carry out projects described in subparagraph (B) through area health education centers for which Federal financial assistance was provided under paragraph (1) and which are no longer eligible to receive such assistance.

[(B) Projects for which assistance may be provided under subparagraph (A) are—

[(i) projects to improve the distribution, supply, quality, utilization, and efficiency of health personnel in the health services delivery system;

[(ii) projects to encourage the regionalization of educational responsibilities of the health professions schools; and

[(iii) projects designed to prepare, through preceptorships and other programs, individuals subject to a service obligation under the National Health Service Corps Scholarship Program to effectively provide health services in health professional shortage areas.

[(C) In the case of the requirement established in section 3804(e)(1) of part 57 of title 42, Code of Federal Regulations (42 CFR 57.3804(e)(1)) (relating to the location of area health education centers), the Secretary shall waive such requirement with respect to an area health education center having, at the time of initial application for financial assistance under this section or under a previous authorizing law, an operating program supported by both appropriations of a State legislature and local resources.

[(3) ASSISTANCE FOR OPERATION OF MODEL PROGRAMS.—

[(A) In the case of any school of medicine or osteopathic medicine that is operating an area health education center program and that is not receiving financial assistance under paragraph (1), the Secretary may provide financial assistance to the school for the costs of operating the program, and for carrying out activities described in subparagraph (E), if the school makes the agreements described in subparagraphs (B) through (D).

[(B)(i) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, with respect to the costs of operating the area health education center program of the school, the school will make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount that is not less than 50 percent of such costs.

[(ii) Amounts provided by the Federal Government may not be included in determining the amount of non-Federal contributions in cash made for purposes of the requirement established in clause (i).

[(C) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, in operating the area health education program of the school, the school will—

[(i) coordinate the activities of the program with the activities of any office of rural health established by the State or States in which the program is operating;

[(ii) conduct health professions education and training activities consistent with national and State priorities in the area served by the program in coordination with the National Health Service Corps, entities receiving funds under section 329 or 330, and public health departments; and

[(iii) cooperate with any entities that are in operation in the area served by the program and that receive Federal or State funds to carry out activities regarding the recruitment and retention of health care providers.

[(D) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, with respect to the costs of operating the area health education center program of the school, the school will maintain expenditures of non-Federal amounts for such costs at a level that is not less than the level of such expenditures maintained by the school for the fiscal year preceding the first fiscal year for which the school receives an award under subparagraph (A).

[(E) A school may expend not more than 10 percent of an award under subparagraph (A) for demonstration projects for any or all of the following purposes:

[(i) The establishment of computer-based information programs or telecommunication networks that will link health science centers and service delivery sites.

[(ii) The provision of disease specific educational programs for health providers and students in areas of concern to the United States.

[(iii) The development of information dissemination models to make available new information and technologies emerging from biological research centers to the practicing medical community.

[(iv) The institution of new minority recruitment and retention programs, targeted to improved service delivery in areas the program determines to be medically underserved.

[(v) The establishment of programs to place physicians from health manpower shortage areas into similar areas to encourage retention of physicians and to provide flexibility to States in filling positions in health professional shortage areas.

[(vi) The establishment or improvement of education and training programs for State emergency medical systems.

[(vii) The establishment of programs to train health care providers in the identification and referral of cases of domestic violence.

[(F) The aggregate amount of awards provided under subparagraph (A) to schools in a State for a fiscal year may not exceed the lesser of—

[(i) $2,000,000; and

[(ii) an amount equal to the product of $250,000 and the aggregate number of area health education centers operated in the State by the schools.

[(b) STRUCTURE OF PROGRAMS.—

[(1) IN GENERAL.—An area health education center program shall be a cooperative program of one or more medical (M.D. and D.O.) schools and one or more nonprofit private or public area health education centers.

[(2) CERTAIN REQUIREMENTS.—With respect to an area health education center program, a school may not receive an award under paragraph (1) of subsection (a) for operational expenses, or an award under paragraph (2) or (3) of such subsection, unless the program—

[(A) maintains preceptorship educational experiences for health science students;

[(B) maintains community-based primary care residency programs or is affiliated with such programs;

[(C) maintains continuing education programs for health professionals or coordinates with such programs;

[(D) maintains learning resource and dissemination systems for information identification and retrieval;

[(E) has agreements with community-based organizations for the delivery of education and training in the health professions;

[(F) is involved in the training of health professionals (including nurses and allied health professionals), except to the extent inconsistent with the law of the State in which the training is conducted; and

[(G) carries out recruitment programs for the health science professions, or programs for health-career awareness, amount minority and other elementary or secondary students from areas the program has determined to be medically underserved.

[(c) Requirements for Schools.—Each medical (M.D. and D.O.) school participating in an area health education center program shall—

[(1) provide for the active participation in such program by individuals who are associated with the administration of the school and each of the departments (or specialties if the school has no such departments) of internal medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and family medicine;

[(2) provide that no less than 10 percent of an undergraduate medical (M.D. and D.O.) clinical education of the school will be conducted in an area health education center and at locations under the sponsorship of such center;

[(3) be responsible for, or conduct, a program for the training of physician assistants (as defined in section 799) or nurse practitioners (as defined under section 822) which gives special consideration to the enrollment of individuals from, or intending to practice in, the area served by the area health education center of the program; and

[(4) provide for the active participation of at least 2 schools or programs of other health professions (including a school of dentistry and a graduate program of mental health practice if there are ones affiliated with the university with which the school of medicine or osteopathic medicine is affiliated) in the educational program conducted in the area served by the area health education center.

[The requirement of paragraph (3) shall not apply to a medical (M.D. and D.O.) school participating in an area health education center program if another school participating in the same program meets the requirement of that paragraph.

[(d) Requirements for Centers.—

[(1) Service area.—Each area health education center shall specifically designate a geographic area in which it will serve, or shall specifically designate a medically underserved population it will serve (such area or population with respect to such center in this section referred to as "the area served by the center"), which area or population is in a location remote from the main site of the teaching facilities of the school or schools which participate in the program with such center.

[(2) Other requirements.—Each area health education center shall—

[(A) provide for or conduct training in health education services, including education in nutrition evaluation and counseling, in the area served by the center;

[(B) assess the health manpower needs of the area served by the center and assist in the planning and development of training programs to meet such needs;

[(C) provide for or conduct a rotating osteopathic internship or a medical residency training program in family medicine, general internal medicine, or general pediatrics in which no fewer than four individuals are enrolled in first-year positions in such program;

[(D) provide opportunities for continuing medical education (including education in disease prevention) to all physicians and other health professionals (including allied health personnel) practicing within the area served by the center;

[(E) provide continuing medical education and other educational support services to the National Health Service Corps members serving within the area served by the center;

[(F) conduct interdisciplinary training and practice involving physicians and other health personnel including, where practicable, physician assistants, nurse practitioners, and nurse midwives;

[(G) arrange and support educational opportunities for medical and other students at health facilities, ambulatory care centers, and health agencies throughout the area served by the center; and

[(H) have an advisory board of which at least 75 percent of the members shall be individuals, including both health service providers and consumers, from the area served by the center.

[Any area health education center which is participating in an area health education center program in which another center has a medical residency training program described in subparagraph (C) need not provide for or conduct such a medical residency training program.

[(e) CERTAIN PROVISIONS REGARDING FUNDING.—

[(1) PROGRAMS.—Subject to paragraph (2), in providing financial assistance under this section to a school, the Secretary shall assure that—

[(A) at least 75 percent of the total funds provided to the school are expended by an area health education center program in the area health education centers, and that the school enters into an agreement with each of such centers for purposes of specifying the allocation of such 75 percent;

[(B) with respect to the operating costs of the area health education program of the school, non-Federal contributions for such costs are made in an amount that is not less than 25 percent of such costs; and

[(C) no award provides funds solely for the planning or development of such a program for a period exceeding two years.

[The Secretary may vest in entities which have received financial assistance under section 802 of the Health Professions Educational Assistance Act of 1976, section 774 as in effect before October 1, 1977, or under subsection (a) of this section for area health education centers programs title to any property acquired on behalf of the United States by that entity (or furnished to that entity by the United States) under that award.

[(2) CENTERS.—With respect to the period during which an area health education center is planned, developed or operated pursuant to an award under subsection (a)(1), not more than 55 percent of the total amounts expended for the center in any fifth or sixth year of such period may be provided by the Secretary, subject to paragraph (3).

[(3) APPLICABILITY OF PROVISION REGARDING CENTERS.—Paragraph (2) shall apply only in the case of an area health education center program for which the initial award under subsection (a)(1) is provided on or after the date of the enactment of the Health Professionals Education Extension Amendments of 1992.

[(f) HEALTH EDUCATION AND TRAINING CENTERS.—

[(1) IN GENERAL.—The Secretary shall provide financial assistance to schools of medicine and osteopathic medicine for the purpose of planning, developing, establishing, maintaining, and operating health education and training centers—

[(A) to improve the supply, distribution, quality, and efficiency of personnel providing health services in the State of Florida or (in the United States) along the border between the United States and Mexico;

[(B) to improve the supply, distribution, quality, and efficiency of personnel providing, in other urban and rural areas (including frontier areas) of the United States, health services to any population group, including Hispanic individuals, that has demonstrated serious unmet health care needs; and

[(C) to encourage health promotion and disease prevention through public education in the areas described.

[(2) ARRANGEMENTS WITH OTHER ENTITIES.—The Secretary may not provide financial assistance under paragraph (1) unless the applicant for such assistance agrees, in carrying out the purpose described in such paragraph, to enter into arrangements with one or more public or nonprofit private entities in the State that have expertise in providing health education to the public.

[(3) SERVICE AREA.—The Secretary shall, after consultation with health education and training centers, designate the geographic area in which each such center will carry out the purpose described in paragraph (1). The service area of such a center shall be located entirely within the State in which the center is located. Each border health education and training center shall be located in a county (or other political subdivision) of the State in close proximity to the border between the United States and Mexico.

[(4) ADVISORY GROUP; OPERATIONAL PLAN.—The Secretary may not provide financial assistance under paragraph (1) unless the applicant for such assistance agrees—

[(A) to establish an advisory group comprised of health service providers, educators and consumers from the service area and of faculty from participating schools;

[(B) after consultation with such advisory group, to develop a plan for carrying out the purpose described in paragraph (1) in the service area;

[(C) to enter into contracts, as needed, with other institutions or entities to carry out such plan; and

[(D) to be responsible for the evaluation of the program.

[(5) CERTAIN ACTIVITIES.—The Secretary may not provide financial assistance under paragraph (1) unless the applicant for such assistance agrees—

[(A) to evaluate the specific service needs for health care personnel in the service area;

[(B) to assist in the planning, development, and conduct of training programs to meet the needs identified pursuant to subparagraph (A);

[(C) to conduct or support not less than one training and education program for physicians and one program for nurses for at least a portion of the clinical training of such students;

[(D) to conduct or support training in health education services, including training to prepare community health workers to implement health education programs in communities, health departments, health clinics, and public schools that are located in the service area;

[(E) to conduct or support continuing medical education programs for physicians and other health professionals (including allied health personnel) practicing in the service area;

[(F) to support health career educational opportunities designed to provide students residing in the service area with counseling, education, and training in the health professions;

[(G) with respect to border health education and training centers, to assist in coordinating its activities and programs carried out pursuant to paragraph (1)(A) with any similar programs and activities carried out in Mexico along the border between the United States and Mexico;

[(H) to make available technical assistance in the service area in the aspects of health care organization, financing and delivery; and

[(I) in the case of any school of public health located in the service area of the health education and training center operated with the assistance, to permit any such school to participate in the program of the center if the school makes a request to so participate.

[(6) ALLOCATION OF FUNDS BY CENTERS.—In carrying out this subsection, the Secretary shall ensure that—

[(A) not less than 75 percent of the total funds provided to a school or schools of medicine or osteopathic medicine will be expended in the development and operation of the health education and training center in the service area of such program;

[(B) to the maximum extent feasible, the school of medicine or osteopathic medicine will obtain from nongovernmental sources the amount of the total operating funds for such program which are not provided by the Secretary;

[(C) no award shall provide funds solely for the planning or development of a health education and training center program for a period in excess of two year;

[(D) not more than 10 percent of the annual budget of each program may be utilized for the renovation and equipping of clinical teaching sites; and

[(E) no award shall provide funds to be used outside the United States except as the Secretary may prescribe for travel and communications purposes related to the conduct of a border health education and training center.

[(7) DEFINITIONS.—For purposes of this subsection:

[(A) The term "border health education and training center" means an entity that is a recipient of an award under paragraph (1) and that is carrying out (or will carry out) the purpose described in subparagraph (A) so such paragraph.

[(B) The term "health education and training center" means an entity that is a recipient of an award under paragraph (1).

[(C) The term "service area" means, with respect to a health education and training center, the geographic area designated for the center under paragraph (3).

[(8) ALLOCATION OF FUNDS BY SECRETARY.—

[(A) Of the amounts appropriated pursuant to subsection (i)(2) for a fiscal year, the Secretary shall make available 50 percent for allocations each fiscal year for applications approved by the Secretary for border health education and training centers. The amount of the allocation for each such center shall be determined in accordance with subparagraph (B).

[(B) The amount of an allocation under subparagraph (A) for a fiscal year shall be determined in accordance with a formula prescribed by the Secretary, which formal shall be based—

[(i) with respect to the service area of the border health education and training center involved, on the low-income population, including Hispanic individuals, in the State of Florida and along the border between the United States and Mexico, and the growth rate of such population;

[(ii) on the need of such population for additional personnel to provide health care services along such border; and

[(iii) on the most current information concerning mortality and morbidity and other indicators of health status for such population.

[(g) DEFINITIONS.—For purposes of this section:

[(1) The term "area health education center program" means a program which is organized as provided in subsection (b) and under which the participating medical (M.D. and D.O.) schools and the area health education centers meet the requirements of subsections (c) and (d).

[(2) The term "award" means an award of financial assistance.

[(3) The term "financial assistance" means a grant, cooperative agreement, or contract.

[(h) CRITERIA AND STANDARDS.—The Secretary shall establish standards and criteria for the requirements of this section.

[(i) AUTHORIZATION OF APPROPRIATIONS.—

[(1) AREA HEALTH EDUCATION CENTER PROGRAMS.—

[(A) For the purpose of carrying out this section other than subsection (f), there is authorized to be appropriated $25,000,000 for each of the fiscal year 1993 through 1995.

[(B) Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than 20 percent for awards under subsection (a)(2).

[(C) Of the amounts appropriated under paragraph (1) for fiscal year 1993, the Secretary shall obligate for awards under subsection (a)(3) such amounts as are appropriated in excess of $19,200,000. Of the amounts appropriated under paragraph (1) for each of the fiscal years 1994 and 1995, the Secretary shall obligate for such awards such amounts as are appropriated in excess of $18,700,000.

[(2) HEALTH EDUCATION AND TRAINING CENTERS.—For the purpose of carrying out subsection (f), there is authorized to be appropriated $5,000,000 for each of the fiscal year 1993 through 1995.]

[SEC. 747. FAMILY MEDICINE.]

SEC. 747. FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PREVENTIVE MEDICINE, GENERAL DENTISTRY, AND PHYSICIAN ASSISTANTS

(a) * * *

(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of family medicine *internal medicine, or pediatrics* for medial (M.D. and D.O.) students, interns (including interns in internship in osteopathic medicine), residents, or practicing physicians; *that emphasizes training for the practice of family medicine general internal medicine, of general pediatrics (as defined by the Secretary.)*

(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such program, and who plan to specialize or work in the practice of family medicine, *general internal medicine, or general pediatrics*;

(3) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine *(including geriatrics), general internal medicine (including geriatrics), or general pediatrics* training programs; [and]

(4) to provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a family

medicine *(including geriatrics)*, *general internal medicine (including geriatrics), or general pediatrics* training program**[**.**]***;*

(5) to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 799B), and for the training of individuals who will teach in programs to provide such training; and

(6) to meet the costs of projects—

(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine, that have available full-time faculty members with training and experience in the fields of preventive medicine; and

(B) to provide financial assistance to residency trainees enrolled in such programs.

(b) ACADEMIC ADMINISTRATIVE UNITS.—

(1) IN GENERAL.—The Secretary may make grants to or enter into contracts with schools of medicine or osteopathic medicine to meet the costs of projects to establish, maintain, or improve academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine, *general internal medicine, or general pediatrics*.

(2) PREFERENCE IN MAKING AWARDS.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

(A) establishing an academic administrative unit for programs in family medicine, *general internal medicine, or general pediatrics*; or

(B) substantially expanding the programs of such a unit.

(7) to meet the costs of planning, developing, or operating programs, and to provide financial assistance to residents in such programs, that would lead to a significantly greater ratio of participating individuals in such programs eventually entering practice in general dentistry in rural and medically underserved communities compared to the current ratio of all dentists nationally practicing general dentistry in rural and medically underserved communities.

For purposes of paragraph (7), entities eligible for such grants or contracts shall include entities that have programs in dental schools, approved residency programs in the general practice of dentistry, or approved advanced education programs in the general practice of dentistry. The Secretary may only fund programs under such paragraph if such programs provide a significant amount of care for underserved populations and other high-risk groups, and if the Secretary determines that there is a national shortage of general dentists.

(c) PRIORITY AND LIMITATION.—

(1) PRIORITY.—With respect to programs for the training of interns or residents, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, which enter and remain in primary care practice or general dentistry upon completion of their first period of

training required to obtain initial board certification. Each program shall designate the primary care training or general dentistry positions that such program shall provide with grant funding to support and for which such program shall be held accountable regarding the primary care or general dentistry requirement set forth in this section.

(2) Limitation.—With respect to programs for the training and education of medical students, the Secretary may only provide grants or contracts under this section to administrative units in general pediatrics or general internal medicine if a qualified administrative unit applicant demonstrates that its medical school has—

(A) a mission statement that has a primary care medical education objection;

(B) faculty role models and administrative units in primary care; and

(C) required undergraduate ambulatory medical student clerkships in family medicine, internal medicine, and pediatrics.

Where a medical school does not have an administrative unit in family medicine clerkships in family medicine shall not be required.

[(c)] *(d)* Duration of Award.—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

[(d)] *(e)* Funding.—

(1) Authorization of appropriations.—For the purpose of carrying out this section, there is authorized to be appropriated [$54,000,000 for each of the fiscal years 1993 through 1995.] *$76,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 through 1999.*

(2) Allocation.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than [20] *12* percent for awards of grants and contracts under subsection (b) *for family medicine academic administrative units.*

[SEC. 748. GENERAL INTERNAL MEDICINE AND GENERAL PEDIATRICS.

[(a) In General.—The Secretary may make grants to and enter into contracts with schools of medicine and osteopathic medicine, public or private nonprofit hospitals, or any other public or private nonprofit entity to meet the costs of projects—

[(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of internal medicine or pediatrics for medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, or practicing physicians, which training program emphasizes training for the practice of general internal medicine or general pediatrics (as defined by the Secretary in regulations);

[(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such training program, and who plan to specialize in or work in the practice of general internal medicine or general pediatrics;

[(3) to plan, develop, and operate a program for the training of physicians who will teach in a general internal medicine or general pediatrics training program; and

[(4) which provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a general internal medicine or general pediatrics training program.

[(b) DURATION OF AWARD.—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $25,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 749. GENERAL PRACTICE OF DENTISTRY.

[(a) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, any public or nonprofit private school of dentistry or accredited postgraduate dental training institution—

[(1) to plan, develop, and operate an approved residency program in the general practice of dentistry or an approved advanced educational program in the general practice of dentistry;

[(2) to provide financial assistance (in the form of traineeships and fellowships) to participants in such a program who are in need of financial assistance and who plan to specialize in the practice of general dentistry; and

[(3) to fund innovative, nontraditional models for the provision of postdoctoral General Dentistry training.

[(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $6,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 750. PHYSICIAN ASSISTANTS.

[(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public or nonprofit private schools of medicine and osteopathic medicine and other public or nonprofit private entities to meet the costs of projects to plan, develop, and operate or maintain programs—

[(1) for the training of physician assistants (as defined in section 799); and

[(2) for the training of individuals who will teach programs of such training.

[(b) REGULATIONS.—After consultation with appropriate organizations, the Secretary shall prescribe regulations for programs receiving assistance under subsection (a) for the training of physician assistants. Such regulations shall, as a minimum, require that such a program—

[(1) extend for at least one academic year and consist of—

[(A) supervised clinical practice; and

[(B) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

[(2) have an enrollment of not less than eight students; and

[(3) train students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

[(c) Placement of Graduates.—No grant or contract may be made under subsection (a) unless the school or other entity involved provides assurances satisfactory to the Secretary that the school or entity has appropriate mechanisms for placing graduates of the training program with respect to which the application is submitted in positions for which they have been trained.

[(d) Funding.—

[(1) Authorization of appropriations.—For the purpose of carrying out this section, there is authorized to be appropriated $9,000,000 for each of the fiscal years 1993 through 1995.

[(2) Limitation.—Not more than 10 percent of the amounts appropriated under paragraph (1) may be expended for carrying out subsection (a)(2).

[SEC. 751. PODIATRIC MEDICINE.

[(a) In General.—The Secretary may make grants to, and enter into contracts with, public and nonprofit private hospitals and schools of podiatric medicine for the purpose of planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

[(b) Preference in Making Grants.—In making grants under subsection (a), the Secretary shall give preference to qualified applicants that provide clinical training in podiatric medicine in a variety of medically underserved communities.

[(c) Authorization of Appropriations.—For the purpose of carrying out this section, there is authorized to be appropriated $1,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 752. GENERAL PROVISIONS.

[(a) Traineeships and Fellowships.—

[(1) Traineeships.—Payments by recipients of grants or contracts under this part for traineeships shall be limited to such amounts as the Secretary finds necessary to cover the cost of tuition and fees of, and stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees.

[(2) Fellowships.—Payments by recipients of grants or contracts under this part for fellowships shall be limited to such amounts as the Secretary finds necessary to cover the cost of advanced study by, and stipends and allowances (including travel and subsistence expenses and dependency allowances) for the fellows.

[(b) AMOUNT OF GRANT.—The amount of any grant or contract under this part shall be determined by the Secretary.]

[SEC. 750. [293n] PHYSICIAN ASSISTANTS.

[(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public or nonprofit schools of medicine and osteopathic medicine and other public or nonprofit private entities to meet the costs of projects to plan, develop, and operate or maintain programs—

[(1) for the training of physician assistants (as defined in section 799); and

[(2) for the training of individuals who will teach programs of such training.

[(b) REGULATIONS.—After consultation with appropriate organizations, the Secretary shall prescribe regulations for programs receiving assistance under subsection (a) for the training of physician assistants. Such regulations shall, as a minimum, require that such a program—

[(1) extend for at least one academic year and consist of—

[(A) supervised clinical practice; and

[(B) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

[(2) have an enrollment of not less than eight students; and

[(3) train students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

[(c) PLACEMENT OF GRADUATES.—No grant or contract may be made under subsection (a) unless the school or other entity involved provides assurances satisfactory of the Secretary that the school or entity has appropriate mechanisms for placing graduates of the training program with respect to which the application is submitted in positions for which they have been trained.

[(d) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $9,000,000 for each of the fiscal years 1993 through 1995.

[(2) LIMITATION.—Not more than 10 percent of the amounts appropriated under paragraph (1) may be expended for carrying out subsection (a)(2).

[SEC. 751. [293n] PODIATRIC MEDICINE.

[(a) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, public and nonprofit private hospitals and schools of podiatric medicine for the purpose of planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

[(b) PREFERENCE IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give preference to qualified applicants that provide clinical training in podiatric medicine in a variety of medically underserved communities.

[(c) Authorization of Appropriations.—For the purpose of carrying out this section, there is authorized to be appropriated $1,000,000 for each of the fiscal years 1993 through 1995.]

Part D—Area Health Education Centers

§ 750. Area health education centers

(a) In General.—The Secretary may award grants to and enter into contracts with eligible entities for projects which—

(1) improve the recruitment, distribution, supply, quality, utilization, and efficiency of personnel providing health services in urban and rural areas and to populations that have demonstrated serious unmet health care need;

(2) encourage the regionalization of educational responsibilities of the health professions schools;

(3) are designed to prepare, through field placements, preceptorships, the conduct of or affiliation with community-based primary care residency programs, agreements with community-based organizations for the delivery of education and training in the health professions, and other programs, individuals to effectively provide health services in health professional shortage areas;

(4) conduct health professions education and training activities consistent with national and State priorities, including geriatrics;

(5) encourage health promotion and disease prevention activities;

(6) conduct interdisciplinary training and practice involving other health professionals;

(7) conduct continuing education programs for health professionals or coordinate with such programs; and

(8) address other areas as determined appropriate by the Secretary.

(b) Preferences.—In awarding grants or contracts to eligible entities under this part, the Secretary shall give preference to projects that—

(1) involve more than one health professions discipline or training institution; and

(2) have a good record of retention and graduation of individuals that enter practice in medically underserved communities.

(c) Other Eligible Programs.—

(1) Geriatric education centers.—The Secretary shall award grants or contracts under this section for the establishment or operation of geriatric education centers.

(2) Public health training centers.—

(A) In general.—The Secretary shall award grants or contracts under this section for the operation of public health training centers.

(B) Eligible entities.—A public health training center shall be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals established by

the Secretary for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities.

(C) Certain Requirements.—With respect to a public health training center, an award may not be made with subparagraph (A) unless the program agrees that it—

(i) will establish or strengthen field placements for students in public or non-profit private health agencies or organizations; and

(ii) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities.

(d) Eligible Entities.—As used in this part, the term "eligible entities" means schools of medicine, osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health or schools offering graduate programs in mental health practice or physician assistant training programs, State or local governments, and other public or nonprofit private entities determined appropriate by the Secretary that submit to the Secretary an application.

(e) Geriatric Education Centers.—A geriatric education center shall be an accredited health professions school or program that—

(1) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;

(2) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;

(3) supports the training and retraining of faculty to provide instruction in geriatrics;

(4) supports continuing education of health professionals who provide geriatric care; and

(5) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

§ 751. Authorization of appropriations

There are authorized to be appropriated to carry out this part, $43,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and $29,000,000 for fiscal year 1999.

* * * * * * *

[SEC. 795. OBLIGATED SERVICE REGARDING CERTAIN PROGRAMS.

[(a) In General.—In the case of any program under this title under which a scholarship, stipend, or other financial assistance is provided to an individual with respect to education as a health professional (including a program that provides for the repayment of loans), if the program provides that the provision of the financial assistance involved is subject to this section, then the assistance may be provided only if the individual makes agreements as follows:

[(1) The individual will complete the program of education with respect to which such assistance is provided (in the case of assistance provided for purposes other than the repayment of loans).

[(2) In the case of an individual who receives such assistance with respect to attendance at a school of medicine or osteopathic medicine, the individual will—

[(A) enter and complete a residency training program in a specialty in primary health care not later than 4 years after completing the program of education described in paragraph (1); and

[(B) practice in the specialty for 5 years after completing the residency training program.

[(3) In the case of an individual who receives such assistance with respect to attendance at a school of dentistry, the individual will practice in general dentistry for 5 years (exclusive of any period during which the individual is attending a residency training program in general dentistry).

[(4) Subsection (b) applies with respect to the breach of agreements made under any of paragraphs (1) through (3).

[(b) Breach of Agreements.—

[(1) In general.—For purposes of subsection (a)(4), the following applies:

[(A) In the case of a program under this title that provides financial assistance for attendance at a program of education in a health profession, the individual is liable to the Federal Government for the amount of the award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

[(i) fails to maintain an acceptable level of academic standing in the program of education (as indicated by such program in accordance with requirements established by the Secretary);

[(ii) is dismissed from the program for disciplinary reasons; or

[(iii) voluntarily terminates the program.

[(B) The individual is liable to the Federal Government for the amount of the award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to comply with the agreement made under subsection (a)(2).

[(2) Waiver or suspension of liability.—In the case of an individual making agreements under subsection (a), the Secretary shall provide for the waiver or suspension of liability under paragraph (1) if compliance by the individual with the agreements involved is impossible, or would involve extreme hardship to the individual, and if enforcement of the agreements with respect to the individual would be unconscionable.

[(3) Date certain for recovery.—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the three-year period beginning on the date the United States becomes so entitled.]

§762. Health professions workforce development

(a) In General.—The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for health professions education and practice.

(b) Eligible Applicants.—Applicants eligible to obtain funds under subsection (a) shall include schools of medicine, osteopathic medicine, dentistry, veterinary medicine, pharmacy, podiatric medicine, chiropractic medicine, optometry, public health, or allied health, graduate programs in mental health practice, physician assistant training programs, and other public and nonprofit private entities.

(c) Priority Areas.—In awarding grants or contracts under subsection (a), the Secretary shall give priority to entities that will use amounts provided under such grants or contracts to enhance the education of health professionals for purposes of—

(1) providing care for underserved populations and other high-risk groups;

(2) increasing the number of individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals;

(3) conducting health professions research and data collection; and

(4) carrying out other activities in areas determined appropriate by the Secretary.

(d) Authorization of Appropriations.—

(1) In general.—There are authorized to be appropriated to carry out this section, $16,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and $5,000,000 for fiscal year 1999.

(2) Reservation.—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not less than $2,000,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 792.

SEC. 792. HEALTH PROFESSIONS DATA.

(a) In General.—The Secretary shall establish a program including a uniform health professions data reporting system, to collect, compile, and analyze data on health professions personnel which program shall initially include data respecting all physicians and dentists in the States. The Secretary [is authorized to] *shall* expand the program to include, whenever he determines it necessary, the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, chiropractors, clinical psychologists, *clinical social workers,* and any other health personnel in States designated by the Secretary to be included in the program. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional specialty, practice characteristics, place and date of birth, sex, and socio-economic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.

TITLE III—MISCELLANEOUS PROVISIONS

SEC. [301.] *763.* ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.

(a) ESTABLISHMENT; DUTIES.—There is established the Council on Graduate Medical Education (in this section referred to as the "Council"). The Council shall—

(1) make recommendations to the Secretary of Health and Human Services (in this section referred to as the "Secretary"), and to the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to—

(A) the supply and distribution of physicians in the United States;

(B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;

(C) issues relating to foreign medical school graduates;

(D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs;

(E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and

(F) deficiencies in, and needs for improvements in, existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies; and

(2) encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under paragraph (1)(E).

(b) COMPOSITION.—The Council shall be composed of—

(1) the Assistant Secretary for Health or the designee of the Assistant Secretary;

(2) the Administrator of the Health Care Financing Administration;

(3) the Chief Medical Director of the Department of Veterans Affairs;

(4) 6 members appointed by the Secretary to include representatives of practicing primary care physicians, national and speciality physician organizations, foreign medical graduates, and medical student and house staff associations;

(5) 4 members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine and public and private teaching hospitals; and

(6) 4 members appointed by the Secretary to include representatives of health insurers, business, and labor.

(c) TERMS OF APPOINTED MEMBERS.—

(1) IN GENERAL; STAGGERED ROTATION.—Members of the Council appointed under paragraphs (4), (5), and (6) of subsection (b) shall be appointed for a term of 4 years, except that the term of office of the members first appointed shall expire, as designated by the Secretary at the time of appointment, 4 at the end of 1 year, 4 at the end of 2 years, 3 at the end of 3 years, and 3 at the end of 4 years.

(2) DATE CERTAIN FOR APPOINTMENT.—The Secretary shall appoint the first members to the Council under paragraphs (4), (5), and (6) of subsection (b) within 60 days after the date of enactment of this section.

(d) CHAIR.—The Council shall elect one of its members as Chairman of the Council.

(e) QUORUM.—Nine members of the Council shall constitute a quorum, but a lesser number may hold hearings.

(f) VACANCIES.—Any vacancy in the Council shall not affect its power to function.

(g) COMPENSATION.—Each member of the Council who is not otherwise employed by the United States Government shall receive compensation at a rate equal to the daily rate prescribed for GS–18 under the General Schedule under section 5332 of title 5, United States Code, for each day, including traveltime, such member is engaged in the actual performance of duties as a member of the Council. A member of the Council who is an officer or employee of the United States Government shall serve without additional compensation. All members of the Council shall be reimbursed for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties.

(h) CERTAIN AUTHORITIES AND DUTIES.—

(1) AUTHORITIES.—In order to carry out the provisions of this section, the Council is authorized to—

(A) collect such information, hold such hearings, and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Council or such subcommittee may consider available; and

(B) request the cooperation and assistance of Federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumentalities are authorized to provide such cooperation and assistance.

(2) COORDINATION OF ACTIVITIES.—The Council shall coordinate its activities with the activities of the Secretary under section 792 of the Public Health Service Act. The Secretary shall, in cooperation with the Council and pursuant to the recommendations of the Council, take such steps as are practicable to eliminate deficiencies in the data base established

under such section 792 and shall make available in its reports such comprehensive data sets as are developed pursuant to this section.

(i) REQUIREMENT REGARDING REPORTS.—In the reports required under subsection (a), the Council shall specify its activities during the period for which the report is made.

(j) FINAL REPORT.—Not later than April 1, [1995] *1999*, the Council shall submit a final report under subsection (a).

(k) TERMINATION.—The Council shall terminate September 30, [1995] *1999*.

(l) FUNDING.—Amounts otherwise appropriated under this title may be utilized by the Secretary to support the activities of the Council.

PART [G] *F*—GENERAL PROVISIONS

SEC. 791. PREFERENCES AND REQUIRED INFORMATION IN CERTAIN PROGRAMS.

(a) PREFERENCES IN MAKING AWARDS.—

(1) IN GENERAL.—Subject to paragraph (2), in making awards of grants or contracts under any of [sections 747 through 751, under section 763, or under section 766 or 767] *section 747*, the Secretary shall give preference to any qualified applicant that—

* * * * * * *

(2) LIMITATION REGARDING PEER REVIEW.—For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups [under section 798(a)].

* * * * * * *

[(b) REQUIRED SUBMISSION OF INFORMATION.—The Secretary may make an award of a grant or contract under any of sections 747 through 751 or under section 763, 766, or 767 only if the applicant for the award submits to the Secretary (through the application required in section 798(f)(2)) the following information regarding the programs of the applicant:

[(1) A description of rotations or preceptorships for students, or clinical training programs for residents, that have the principal focus of providing health care to medically underserved communities.

[(2) The number of faculty on admissions committees who have a clinical practice in community-based ambulatory settings in medically underserved communities.

[(3) With respect to individuals who are from disadvantaged backgrounds or from medically underserved communities, the number of such individuals who are recruited for academic programs of the applicant, the number of such individuals who are admitted to such programs, and the number of such individuals who graduate from such programs.

[(4) If applicable, the number of recent graduates who have chosen careers in primary health care.

[(5) The number of recent graduates whose practices are serving medically underserved communities.

[(6) A description of whether and to what extent the applicant is able to operate without Federal assistance under this title.]

[(c)](b) Definition.—For purposes of this section, the term "graduate" means, unless otherwise specified, an individual who has successfully completed all training and residency requirements necessary for full certification in the health profession selected by the individual.

(c) Exceptions for New Programs.—

(1) In general.—To permit new programs to compete equitably for funding under this section, those new programs that meet the criteria described in paragraph (3) shall qualify for a funding preference under this section.

(2) Definition.—As used in this subsection, the term 'new program' means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

(3) Criteria.—The criteria referred to in paragraph (1) are the following:

(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

(C) Substantial clinical training experience is required under the program in medically underserved communities.

(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

[COLLECTION OF DATA ON BIRTH DEFECTS

[Sec. 317C. [247b–4] (a) State Programs.—

[(1) In general.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects.

[(2) Provision of assistance.—The Secretary may, directly or through grants, cooperative agreements, or contracts, provide assistance to States regarding the purpose specified in subsection (a).

[(b) National Clearinghouse.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the general public information on birth defects, including the prevention of such defects.

[(c) REPORT.—Not later than July 1, 1993, and biennially thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report describing activities carried out under this section and containing any recommendations of the Secretary regarding this section.

[(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 and 1995.]

PROGRAMS REGARDING BIRTH DEFECTS

SEC. 317C. (a) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

(1) to collect, analyze, and make available data on birth defects (in a manner that facilitates compliance with subsection (d)(2)), including data on the causes of such defects and on the incidence and prevalence of such defects; and

(2) to operate regional centers for the conduct of applied epidemiological research on the prevention of such defects.

(b) ADDITIONAL PROVISIONS REGARDING COLLECTION OF DATA.—

(1) IN GENERAL.—In carrying out subsection (a)(1), the Secretary—

(A) shall collect and analyze data by gender and by racial and ethnic group, including Hispanics, non-Hispanic whites, Blacks, Native Americans, Asian Americans, and Pacific Islanders;

(B) shall collect data under subparagraph (A) from birth certificates, death certificates, hospital records, and such other sources as the Secretary determines to be appropriate; and

(C) shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects, and to make the data available.

(2) NATIONAL CLEARINGHOUSE.—In carrying out subsection (a)(1), the Secretary shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the general public information on birth defects, including the prevention of such defects.

(c) GRANTS AND CONTRACTS.—

(1) IN GENERAL.—In carrying out subsection (a), the Secretary may make grants to and enter into contracts with public and nonprofit private entities.

(2) SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.—

(A) Upon the request of a recipient of an award of a grant or contract under paragraph (1), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the recipient in carrying out the purposes for which the award is made and, for

such purposes, may detail to the recipient any officer or employee of the Department of Health and Human Services.

(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the award involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

(3) APPLICATION FOR AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out the purposes for which the award is to be made.

(d) BIENNIAL REPORT.—Not later than February 1 of fiscal year 1997 and of every second such year thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report that, with respect to the preceding 2 fiscal years—

(1) contains information regarding the incidence and prevalence of birth defects and the extent to which birth defects have contributed to the incidence and prevalence of infant mortality;

(2) contains information under paragraph (1) that is specific to various racial and ethnic groups (including Hispanics, non-Hispanic whites, Blacks, Native Americans, and Asian Americans);

(3) contains an assessment of the extent to which various approaches of preventing birth defects have been effective;

(4) describes the activities carried out under this section; and

(5) contains any recommendations of the Secretary regarding this section.

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[PART E—SPECIAL TRAINING PROJECTS]

PART E—HEALTH PROFESSION WORKFORCE DEVELOPMENT

SEC. [776. [294n]] *761* ACQUIRED IMMUNE DEFICIENCY SYNDROME

(a) SCHOOLS; CENTERS.—

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[SEC. 777. [294o] GERIATRICS.

[(a) GERIATRIC EDUCATION CENTERS.—The Secretary may make grants to and enter into contracts with accredited health professions schools or programs described in paragraph (1), (3), or (4) of section 799 or in section 853(2) to assist in meeting the costs of such schools or programs of projects to—

[(1) improve the training of health professionals in geriatrics;

[(2) develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;

[(3) expand and strengthen instruction in methods of such treatment;

[(4) support the training and retraining of faculty to provide such instruction;

[(5) support continuing education of health professionals and allied health professionals who provide such treatment; and

[(6) establish new affiliations with nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers in order to provide students with clinical training in geriatric medicine.

[(b) Geriatic Training Regarding Physicians and Dentists.—

[(1) In General.—The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs, for the purpose of providing support (including residencies, traineeships, and fellowships) for geriatric training projects to train physicians and dentists who plan to teach geriatric medicine, geriatric psychiatry, or geriatric dentistry.

[(2) Requirements.—Each project for which a grant or contract is made under this subsection shall—

[(A) be staffed by full-time teaching physicians who have experience or training in geriatric medicine or geriatric psychiatry;

[(B) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching dentists who have experience or training in geriatric dentistry;

[(C) be based in a graduate medical education program in internal medicine or family medicine or in a department of geriatrics or psychiatry;

[(D) provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental services, geriatric psychiatry units, day and home care programs, rehabilitation services, extended care facilities geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly mentally retarded individuals; and

[(E) provide training in geriatrics through one or both of the training options described in subparagraphs (A) and (B) of paragraph (3).

[(3) Training options.—The training options referred to in subparagraph (F) of paragraph (2) shall be as follows:

[(A) A 1-year retraining program in geriatrics for—

[(i) physicians who are faculty members in departments of internal medicine, family medicine, gynecology, geriatrics, and psychiatry at schools of medicine and osteopathic medicine; and

[(ii) dentists who are faculty members at schools of dentistry or at hospital departments of dentistry.

[(B) A 2-year internal medicine or family medicine fellowship program providing emphasis in geriatrics, which shall be designed to provide training in clinical geriatrics and geriatrics research for—

[(i) physicians who have completed graduate medical education programs in internal medicine, family medicine, psychiatry, neurology, gynecology, or rehabilitation medicine; and

[(ii) dentists who have demonstrated a commitment to an academic career and who have completed postdoctoral dental training, including postdoctoral dental education programs or who have relevant advanced training or experience.

[(4) DEFINITIONS.—For purposes of this subsection:

[(A) The term "graduate medical education program" means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—

[(i) offers postgraduate medical training in the specialties and subspecialities of medicine; and

[(ii) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

[(B) The term "post-doctoral dental education program" means a program sponsored by a school of dentistry, a hospital, or a public or private institution that—

[(i) offers post-doctoral training in the specialities of dentistry, advanced education in general dentistry, or a dental general practice residency; and

[(ii) has been accredited by the Commission on Dental Accreditation.

[(c) GERIATRIC TRAINING REGARDING OPTOMETRISTS.—The Secretary may make grants to, and enter into contracts with, schools and colleges of optometry for the purpose of providing support for projects—

[(1) to plan, develop, and operate projects in postgraduate geriatric care training for optometrists who will teach geriatric optometry;

[(2) to provide financial assistance (in the form of residencies, traineeships, and fellowships) to participants in such projects; and

[(3) to establish new affiliations with nursing homes, ambulatory care centers, senior centers, and other public or nonprofit private entities.

[(d) AUTHORIZATION OF APPROPRIATIONS.—

[(1) EDUCATION CENTERS; TRAINING.—For grants and contracts under subsections (a) and (b), there is authorized to be appropriated $17,000,000 for each of the fiscal years 1993 through 1995.

[(2) OPTOMETRY.—For grants and contracts under subsection (c), there is authorized to be appropriated $400,000 for each of the fiscal years 1993 through 1995.

[SEC. 778 [294P] RURAL AREAS.

[(a) GRANTS.—The Secretary may make grants to, or enter into contracts with, any eligible applicant to help such applicant fund authorized activities under an application approved under subsection (d).

[(b) USE OF AMOUNTS.—

[(1) IN GENERAL.—Amounts provided under subsection (a) shall be used by the recipients to fund interdisciplinary training projects designed to—

[(A) use new and innovative methods to train health care practitioners to provide services in rural areas;

[(B) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care;

[(C) deliver health care services to individuals residing in rural areas;

[(D) enhance the amount of relevant research conducted concerning health care issues in rural areas; and

[(E) increase the recruitment and retention of health care practitioners in rural areas and make rural practice a more attractive career choice for health care practitioners.

[(2) METHODS.—A recipient of funds under subsection (a) may use various methods in carrying out the projects described in paragraph (1), including—

[(A) the distribution of stipends to students of eligible applicants;

[(B) the establishment of a post-doctoral fellowship program;

[(C) the training of faculty in the economic and logistical problems confronting rural health care delivery systems; or

[(D) the purchase or rental of transportation and telecommunication equipment where the need for such equipment due to unique characteristics of the rural area is demonstrated by the recipient.

[(3) ADMINISTRATION.—

[(A) IN GENERAL.—An applicant shall not use more than 10 percent of the funds made available to such applicant under subsection (a) for administrative expenses.

[(B) TRAINING.—Not more than 10 percent of the individuals receiving training with funds made available to an applicant under subsection (a) shall be trained as doctors of medicine or doctors of osteopathy.

[(C) LIMITATION.—An institution that receives a grant under this section shall use amounts received under such grant to supplement, not supplant, amounts made available by such institution for activities of the type described in subsection (b)(1) in the fiscal year preceding the year for which the grant is received.

[(c) ELIGIBLE APPLICANTS.—Applicants eligible to obtain funds under subsection (a) shall include local health departments, nonprofit organizations and public or nonprofit colleges, universities, or schools of, or programs that specialize in, nursing, mental health practice, optometry, public health, dentistry, osteopathy, physicians assistants, pharmacy, podiatry, medicine, chiropractic, and allied health professions if such applicants submit applications approved by the Secretary under subsection (d). Applicants eligible to obtain

funds under subsection (a) shall not include for-profit entities, either directly or through a subcontract or subgrant.

[(d) APPLICATIONS.—

[(1) SUBMISSION.—In order to receive a grant under subsection (a) an entity shall submit an application to the Secretary.

[(2) FORMS.—An application submitted under the subsection shall be in such form, be submitted by such date, and contain such information as the Secretary shall require.

[(3) APPLICATIONS.—Applications submitted under this subsection shall—

[(A) be jointly submitted by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas;

[(B) designate a rural health care agency or agencies for clinical treatment or training, including hospitals, community health centers, migrant health centers, rural health clinics, community mental health centers, long-term care facilities, Native Hawaiian health centers, or facilities operated by the Indian Health Service or an Indian tribe or tribal organization or Indian organization under a contract with the Indian Health Service under the Indian Self-Determination Act; and

[(C) provide any additional information required by the Secretary.

[(e) DEFINITIONS.—For the purposes of this section, the term "rural" mans geographic areas that are located outside of standard metropolitan statistical areas.

[(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $7,000,000 for each of the fiscal years 1993 through 1995.]

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[PART G] *PART F*—GENERAL PROVISIONS

SEC. 791. PREFERENCES AND REQUIRED INFORMATION IN CERTAIN PROGRAMS.

(a) PREFERENCES IN MAKING AWARDS.—

(1) IN GENERAL.—Subject to paragraph (2), in making awards of grants or contracts under any of [section 747 through 751, under section 763, or under section 766 or 767], *section 747* the Secretary shall give preference to any qualified applicant that—

* * * * * * *

(2) LIMITATION REGARDING PEER REVIEW.—For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups [under section 798(a)] *as such section existed one day prior to the date of enactment of the Health Professions Education Consolidation and Reauthorization Act of 1995.*

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[(b) REQUIRED SUBMISSION OF INFORMATION.—The Secretary may make an award of a grant or contract under any of sections 747 through 751 or under section 763, 766, or 767 only if the applicant for the award submits to the Secretary (through the application required in section 798(f)(2)) the following information regarding the programs of the applicant;

[(1) A description of rotations or preceptorships for students, or clinical training programs for residents, that have the principal focus of providing health care to medically underserved communities.

[(2) The number of faculty on admissions committees who have a clinical practice in community-based ambulatory settings in medically underserved communities.

[(3) With respect to individuals who are from disadvantaged backgrounds or from medically underserved communities, the number of such individuals who are recruited for academic programs of the applicant, the number of such individuals who are admitted to such programs, and the number of such individuals who graduate from such programs.

[(4) If applicable, the number of recent graduates who have chosen careers in primary health care.

[(5) The number of recent graduates whose practices are serving medically underserved communities.

[(6) A description of whether and to what extent the applicant is able to operate without Federal assistance under this title.]

* * * * * * *

(d) EXCEPTIONS FOR NEW PROGRAMS.—

(1) IN GENERAL.—To permit new programs to compete equitably for funding under this section, those new programs that meet the criteria described in paragraph (3) shall qualify for a funding preference under this section.

(2) DEFINITION.—As used in this subsection, the term 'new program' means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

(3) CRITERIA.—The criteria referred to in paragraph (1) are the following:

(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

(C) Substantial clinical training experience is required under the program in medically underserved communities.

(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

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SEC. 794. [295m] PROHIBITION AGAINST DISCRIMINATION ON BASIS OF SEX.

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§794a. Recovery

(a) IN GENERAL.—If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under section 720(a) (as such section existed one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (Public Law 102–408)—

(1)(A) in case of a facility which was an affiliated hospital or outpatient facility with respect to which funds have been paid under such section 720(a)(1), the owner of the facility ceases to be a public or other nonprofit agency that would have been qualified to file an application under section 605;

(B) in case of a facility which was not an affiliated hospital or outpatient facility but was a facility with respect to which funds have been paid under paragraph (1) or (3) of such section 720(a), the owner of the facility ceases to be a public or nonprofit school, or

(C) in case of a facility which was a facility with respect to which funds have been paid under such section 720(a)(2), the owner of the facility ceases to be a public or nonprofit entity,

(2) the facility ceases to be used for the teaching or training purposes (or other purposes permitted under section 722 (as such section existed one day prior to the date of enactment of the Health Professions Education Extension Amendments of 1992 (Public Law 102–408)) for which it was constructed, or

(3) the facility is used for sectarian intrusion or as a place for religious worship,

the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

(b) NOTICE.—The owner of a facility which ceases to be a public or nonprofit agency, school, or entity as described in subparagraph (A), (B), or (C) of subsection (a)(1), as the case may be, or the owner of a facility the use of which changes as described in paragraph (2) or (3) of subsection (a), shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of this subsection, whichever is later.

(c) AMOUNT.—

(1) BASE AMOUNT.—The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agree-

ment of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of construction.

(2) INTEREST.—

(A) IN GENERAL.—The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of ninety-one-day Treasury bills auctioned during that period.

(B) PERIOD.—The period referred to in subparagraph (A) is the period beginning—

(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit agency, school, or entity as described in subparagraph (A), (B), or (C) of subsection (a)(1), as the case may be, or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of subsection (a), or

(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover is collected.

(d) WAIVER.—The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

(e) LIEN.—The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility.

* * * * * * *

[SEC. 795. [295n] OBLIGATED SERVICE REGARDING CERTAIN PROGRAMS.

[(a) IN GENERAL.—In the case of any program under this title under which a scholarship, stipend, or other financial assistance is provided to an individual with respect to education as a health professional (including a program that provides for the repayment of loans), if the program provides that the provision of the financial assistance involved is subject to this section, then the assistance may be provided only if the individual makes agreements as follows:

[(1) The individual will complete the program of education with respect to which such assistance is provided (in the case of assistance provided for purposes other than the repayment of loans).

[(2) In the case of an individual who receives such assistance with respect to attendance at a school of medicine or osteopathic medicine, the individual will—

[(A) enter and complete a residency training program in a specialty in primary health care not later than 4 years after completing the program of education described in paragraph (1); and

[(B) practice in the speciality for 5 years after completion the residency training program.

[(3) In the case of an individual who receives such assistance with respect to attendance at a school of dentistry, the individual will practice in general dentistry for 5 years (exclusive of any period during which the individual is attending a residency training program in general dentistry).

[(4) Subsection (b) applies with respect to the breach of agreements made under any of paragraphs (1) through (3).

[(b) Breach of Agreements.—

[(1) In General.—For purposes of subsection (a)(4), the following applies:

[(A) In the case of a program under this title that provides financial assistance for attendance at a program of education in a health profession, the individual is liable to the Federal Government for the amount of the award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

[(i) fails to maintain an acceptable level of academic standing in the program of education (as indicated by such program in accordance with requirements established by the Secretary);

[(ii) is dismissed from the program for disciplinary reasons; or

[(iii) voluntarily terminates the program.

[(B) The individual is liable to the Federal Government for the amount of the award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to comply with the agreement made under subsection (a)(2).

[(2) Waiver or suspension of liability.—In the case of an individual making agreements under subsection (a), the Secretary shall provide for the waiver or suspension of liability under paragraph (1) if compliance by the individual with the agreements involved is impossible, or would involve extreme hardship to the individual, and if enforcement of the agreements with respect to the individual would be unconscionable.

[(3) Date certain for recovery.—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the three-year period beginning on the date the United States becomes so entitled.

§796. Application

(a) In General.—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section,

at such time, in such manner, and containing such information as the Secretary may require.

(b) PLAN.*—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.*

(c) PERFORMANCE OUTCOME STANDARDS.*—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant health workforce needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.*

(d) LINKAGES.*—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.*

§797. Use of funds

(a) IN GENERAL.*—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized health workforce objectives, in accordance with this title.*

(b) MAINTENANCE OF EFFORT.*—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.*

§798. Matching requirement

The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

§799. Generally applicable provisions

(a) AWARDING OF GRANTS AND CONTRACTS.*—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as may be necessary.*

(b) Information Requirements.—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary .

(c) Training Programs.—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

(d) Duration of Assistance.—

(1) In general.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

(2) Limitation.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

(e) Peer Review Regarding Certain Programs.—Each application for a grant under this title, except any scholarship or loan program, including those under sections 701, 721, or 723, shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

(f) Preference or Priority Considerations.—In considering a preference or priority for funding which is based on outcome measures for an eligible entity under this title, the Secretary may also consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design.

SEC. 799A TECHNICAL ASSISTANCE.

Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

SEC. [799.] *799B.* DEFINITIONS.

For purposes of this title:

(1)(A) * * *

* * * * * * *

(B) The terms "graduate program in health administration" and "graduate [program in clinical psychology]" *graduate programs leading to licensure in professional psychology* mean an accredited graduate program in a public or nonprofit private institution in a State that provides training leading, respectively, to a graduate degree in health administration or an equivalent degree and a doctoral degree in clinical psychology or an equivalent degree.

*   *   *   *   *   *   *

(3) The term "program for the training of physician assistants" means an educational program that—

(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary [health] care under the supervision of a physcian; and

[(B) meets regulations prescribed by the Secretary in accordance with section 750(b).]

(B) extends for at least one academic year and consists of—

(i) supervised clinical practice; and

(ii) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

(C) has an enrollment of not less than eight students; and

(D) trains students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

*   *   *   *   *   *   *

(6) The term "medically underserved community" means an urban or rural area or population that—

(A) is eligible for designation under section 332 as a health professional shortage area;

(B) is eligible to be served by a migrant health center under section 329, a community health center under section 330, a grantee under section 340 (relating to homeless individuals), or a grantee under section 340A (relating to residents of public housing); [or]

(C) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics[.]*;*

(D) is a State or local health department that has a severe shortage of public health personnel as determined under criteria established by the Secretary;

(E) has ambulatory practice sites designated by State Governors as shortage areas or medically underserved communities for purposes of State scholarships or loan repayment or related programs; or

(F) has practices or facilities in which not less than 50 percent of the patients are recipients of aid under title XIX of the Social Security Act or eligible and uninsured.

*   *   *   *   *   *   *

(11) The term "programs for the training of physician assistants" means a program that—

(A) extends for at least one academic year and consists of—

(i) supervised clinical practice; and

(ii) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

(B) has an enrollment of not less than eight students; and

(C) trains students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

[TITLE VIII—NURSE EDUCATION

[PART A—SPECIAL PROJECTS

[SUBPART I—SPECIAL PROJECTS IN GENERAL

[SPECIAL PROJECT GRANTS AND CONTRACTS

[SEC. 820. (a) EXPANSION OF ENROLLMENT IN PROFESSIONAL NURSING PROGRAMS.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private schools of nursing with programs of education in professional nursing for the purpose of assisting the schools in increasing the number of students enrolled in such programs. Such a grant or contract may be made only with respect to such programs that are in operation on the date of the enactment of the Health Professions Education Extension Amendments of 1992.

[(2) PREFERENCE.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified school that provides students of the school with clinical training in the provision of primary health care in publicly-funded—

[(A) urban or rural outpatient facilities, home health agencies, or public health agencies; or

[(B) rural hospitals.

[(3) MATCHING FUNDS.—

[(A) With respect to the costs of the program to be carried out by a school pursuant to paragraph (1), the Secretary may provide an award of a grant or contract under such paragraph only if the school agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

[(i) for the first fiscal year for which the school receives such an award, is not less than $1 for each $9 of Federal funds provided through the award (10 percent of such costs);

[(ii) for any second such fiscal year, is not less than $1 for each $3 of Federal funds provided through the award (25 percent of such costs);

[(iii) for any third such fiscal year, is not less than $1 for each $1 of Federal funds provided through the award (50 percent of such costs); and [(iv) for any fourth or fifth such fiscal year, is not less than $3 for each $1 of Federal funds provided through the award (75 percent of such costs).

[(B) Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

[(b) PRIMARY HEALTH CARE IN NONINSTITUTIONAL SETTINGS.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private schools of nursing for the establishment of expansion of nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities.

[(2) OPERATION AND STAFFING PROGRAMS.—The Secretary may make an award of a grant or contract under paragraph (1) only if the school involved agrees that the program carried out with the award will be operated and staffed by the faculty and students of the school.

[(3) DESIGN.—The Secretary may make an award of a grant or contract under paragraph (1) only if the program to be carried out under such paragraph by the school involved is designed to provide at least 25 percent of the students of the school with a structured clinical experience in primary health care.

[(c) CONTINUING EDUCATION FOR NURSES IN MEDICALLY UNDERSERVED COMMUNITIES.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of providing continuing education for nurses serving in medically underserved communities.

[(d) LONG-TERM CARE FELLOWSHIPS FOR CERTAIN PARAPROFESSIONALS.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities that operate accredited programs of education in professional nursing, or State-board approved programs of practical or vocational nursing, for the purpose of providing fellowships to individuals described in paragraph (2) for attendance in such programs.

[(2) ELIGIBLE INDIVIDUALS.—The individuals referred to in paragraph (1) are individuals who are employed by nursing facilities or home health agencies as nursing paraprofessionals.

[(3) PREFERENCE FOR SCHOOLS WITH RAPID TRANSITION PROGRAMS.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant operating an accredited program of education in professional nursing that provides for the rapid transition to status as a professional nurse from status as a nursing paraprofessional.

[(4) PREFERENCE IN AWARD OF FELLOWSHIPS.—The Secretary may make an award of a grant or contract under paragraph (1) only if the applicant involved agree that, in providing fellowships under the award, the applicant will give preference to individuals described in paragraph (2) who—

[(A) are economically disadvantaged individuals, particularly such individuals who are members of a minority group that is underrepresented among registered nurses; or

[(B) are employed by a nursing facility that will assist in paying the costs or expenses described in paragraph (5)(A) with respect to the individuals.

[(5) USE OF AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if the applicant involved agrees that fellowships provided with the award will pay all or part of the costs of—

[(A) the tuition, books, and fees of the program of nursing with respect to which the fellowship is provided; and

[(B) reasonable living expenses of the individual during the period for which the fellowship is provided.

[(6) DEFINITION.—For purposes of this section:

[(A) The term "home health agency" has the meaning given such term in section 1861 of the Social Security Act.

[(B) The term "nursing facility" has the meaning given such term in section 1919 of the Social Security Act.

[(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $10,500,000 for each of the fiscal years 1993 and 1994.

[ADVANCED NURSE EDUCATION

[SEC. 821. (a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private collegiate schools of nursing to meet the costs of projects that, in the case of programs described in subsection (b)—

[(1) plan, develop, and operate new such programs; or

[(2) significantly expand existing such programs.

[(b) AUTHORIZED PROGRAMS.—The programs referred to in subsection (a) are programs leading to advanced degrees that prepare nurses to serve as nurse educators or public health nurses, or in other clinical nurse specialties determined by the Secretary to require advanced education.

[(c) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $12,000,000 for each of the fiscal years 1993 and 1994.

[(2) LIMITATION.—Of the amounts appropriated under paragraph (1), the Secretary may not obligate more than 10 percent for providing grants or contracts under subsection (a) for programs leading to doctoral degrees.

[NURSE PRACTITIONER AND NURSE MIDWIFE PROGRAMS

[SEC. 822. (a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private schools of nursing or other public and nonprofit private entities to meet the costs of projects that, with respect to programs described in subsection (b)—

[(1) plan, develop, and operate new such programs; or

[(2) maintain or significantly expand existing such programs.

[(b) Authorized Programs.—

[(1) In general.—The programs referred to in subsection (a) are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

[(A) meet guidelines prescribed by the Secretary in accordance with paragraph (2); and

[(B) have as their objective the education of nurses who will, upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities and other health care institutions.

[(2) Guidelines.—After consultation with appropriate educational organizations and professional nursing and medical organizations, the Secretary shall prescribe guidelines for programs described in paragraph (1). Such guidelines shall, as a minimum, require that such a program—

[(A) extend for at least one academic year and consist of—

[(i) supervised clinical practice directed toward preparing nurses to deliver primary health care; and

[(ii) at least four months (in the aggregate) of classroom instruction that is so directed; and

[(B) have an enrollment of not less than six full-time equivalent students.

[(c) Certain Considerations in Making Awards.—

[(1) Preference.—In making awards of grants and contracts under subsection (a), the Secretary shall give preference to any qualified applicant that, with respect to programs described in subsection (b), agrees to expend the award to plan, develop, and operate new such programs or to significantly expand existing such programs.

[(2) Special consideration.—In making awards of grants and contracts under subsection (a), the Secretary shall give special consideration to qualified applicants that agree to expend the award to train individuals as nurse practitioners and nurse midwives who will practice in health professional shortage areas designated under section 332.

[(d) Authorization of Appropriations.—For the purpose of carrying out this section, there is authorized to be appropriated $20,000,000 for each of the fiscal years 1993 and 1994.

[Subpart II—Nursing Education Opportunities for Individuals From Disadvantaged Backgrounds

[SPECIAL PROJECTS

[Sec. 827. (a) The Secretary may make grants to public and nonprofit private schools of nursing and other public or nonprofit private entities, and enter into contracts with any public or private entity, to meet the costs of special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary—

[(1) by identifying, recruiting, and selecting such individuals,

[(2) by facilitating the entry of such individuals into schools of nursing,

[(3) by providing counseling or other services designed to assist such individuals to complete successfully their nursing education,

[(4) by providing, for a period prior to the entry of such individuals into the regular course of education at a school of nursing, preliminary education designed to assist them to complete successfully such regular course of education,

[(5) by paying such stipends (including allowances for travel and dependents) as the Secretary may determine for such individuals for any period of nursing education,

[(6) by publicizing, especially to licensed vocational or practical nurses, existing sources of financial aid available to persons enrolled in schools of nursing or who are undertaking training necessary to qualify them to enroll in such schools, and

[(7) by providing training, information, or advice to the faculty of such schools with respect to encouraging such individuals to complete the programs of nursing education in which the individuals are enrolled.

[(b) No grant or contract may be made under this section unless an application therefor has been submitted to and approved by the Secretary. The Secretary may not approve or disapprove such an application except after consultation with the National Advisory Council on Nurse Education. Such an application shall provide for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require to assure proper disbursement of and accounting for Federal funds paid to the applicant under this section.

[(c) For payments under grants and contracts under subsection (a), there are authorized to be appropriated $3,000,000 for fiscal year 1989, $4,000,000 for fiscal year 1990, $5,000,000 for fiscal year 1991, $5,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994.

[PART B—ASSISTANCE TO NURSING STUDENTS

[Subpart I—Traineeships

[TRAINEESHIPS FOR ADVANCED EDUCATION OF PROFESSIONAL NURSES

[SEC. 830. (a) IN GENERAL.—The Secretary may make grants to public and nonprofit private entities to meet the costs of—

[(1) traineeships for individuals in advanced-degree programs in order to educate the individuals to serve in and prepare for practice as nurse practitioners, nurse midwives, nurse educators, public health nurses, or in other clinical nursing specialties determined by the Secretary to require advanced education; and

[(2) traineeships for participation in certificate nurse midwifery programs that conform to guidelines established by the Secretary under section 822(b).

[(b) SPECIAL CONSIDERATION IN MAKING GRANTS.—In making grants for traineeships under subsection (a), the Secretary shall give special consideration to applications for traineeship programs that conform to guidelines established by the Secretary under section 822(b)(2).

[(c) PREFERENCE IN PROVISION OF TRAINEESHIPS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, in providing traineeships under such subsection, the applicant will give preference to individuals who are residents of health professional shortage areas designated under section 332.

[(d) ELIGIBILITY OF INDIVIDUALS IN MASTER'S DEGREE PROGRAMS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the applicant will not provide a traineeship under such subsection to an individual enrolled in a masters of nursing program unless the individual has completed basic nursing preparation, as determined by the applicant.

[(e) USE OF GRANT.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that traineeships provided with the grant will pay all or part of the costs of—

[(A) the tuition, books, and fees of the program of nursing with respect to which the traineeship is provided; and

[(B) reasonable living expenses of the individual during the period for which the traineeship is provided.

[(f) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $20,000,000 for each of the fiscal years 1993 and 1994.

[(2) LIMITATION REGARDING CERTAIN TRAINEESHIPS.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than 10 percent for providing traineeships under subsection (a) for individuals in doctoral degree programs.

NURSE ANESTHETISTS

[SEC. 831. (a)(1) The Secretary may make grants to public or private nonprofit institutions to cover the costs of traineeships for licensed registered nurses to become nurse anesthetists and to cover the costs of projects to develop and operate programs for the education of nurse anesthetists. In order to be eligible for such a grant, the program of an institution must be accredited by an entity or entities designated by the Secretary of Education and must meet such requirements as the Secretary shall by regulation prescribe.

[(2)(A) In making grants under paragraph (1), the Secretary shall give preference to qualified applicants carrying out traineeship programs whose participants gain significant experience in providing health services at rural health facilities.

[(B) The Secretary may make a grant under paragraph (1) only if the institution involved agrees that, in providing traineeships under such paragraph, the institution will give preference to individuals who are residents of health professional shortage areas designated under section 332.

[(3) The Secretary may make a grant under paragraph (1) only if the applicant involved agrees that traineeships provided with the grant will pay all or part of the costs of—

[(A) the tuition, books, and fees of the program of nursing with respect to which the traineeship is provided; and

[(B) reasonable living expenses of the individual during the period for which the traineeship is provided.

[(b) The Secretary may make grants to public or private nonprofit institutions to cover the cost of projects to improve existing programs for the education of nurse anesthetists which are accredited by an entity or entities designated by the Secretary of Education. Such grants shall include grants to such institutions for the purpose of providing financial assistance and support to certified registered nurse anesthetists who are faculty members of accredited programs to enable such nurse anesthetists to obtain advanced education relevant to their teaching functions.

[(c) For the purpose of making grants under this section, there is authorized to be appropriated $1,800,000 for each of the fiscal years 1989 through 1991, $3,000,000 for fiscal year 1993, and $4,000,000 for fiscal year 1994. Not more than 20 percent of the amount appropriated under this section for any fiscal year shall be obligated for grants under the second sentence of subsection (b).**]**

TITLE VIII—NURSING WORKFORCE DEVELOPMENT

PART A—GENERAL PROVISIONS

§801. Definitions.

As used in this title:

(1) ELIGIBLE ENTITIES.—The term "eligible entities" means schools of nursing, nursing centers, State or local governments, and other public or non-profit private entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.

(2) SCHOOL OF NURSING.—The term "school of nursing" means a collegiate, associate degree, or diploma school of nursing in a State.

(3) COLLEGIATE SCHOOL OF NURSING.—The term "collegiate school of nursing" means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

(4) ASSOCIATE DEGREE SCHOOL OF NURSING.—The term "associate degree school of nursing" means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a

two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

(5) DIPLOMA SCHOOL OF NURSING.—The term "diploma school of nursing" means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

(6) ACCREDITED.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the term "accredited" when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

(B) NEW PROGRAMS.—A new school of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such school.

(7) NONPROFIT.—The term "nonprofit" as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(8) STATE.—The term "State" means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

§802. Application

(a) IN GENERAL.—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section,

at such time, in such manner, and containing such information as the Secretary may require.

(b) PLAN.—An application submitted under this section shall contain the plan of the applicant for carrying out a project with amounts received under this title. Such plan shall be consistent with relevant Federal, State, or regional program plans.

(c) PERFORMANCE OUTCOME STANDARDS.—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant national nursing needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

(d) LINKAGES.—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish.

§803. Use of funds

(a) IN GENERAL.—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized nursing objectives, in accordance with this title.

(b) MAINTENANCE OF EFFORT.—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

§804. Matching requirement

The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

§805. Preference

In awarding grants or contracts under this title, the Secretary shall give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

§806. Generally applicable provisions

(a) AWARDING OF GRANTS AND CONTRACTS.—The Secretary shall ensure that grants and contracts under this title are awarded on a

competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as determined necessary by the Secretary.

(b) INFORMATION REQUIREMENTS.—Recipients of grants or contracts under this title shall meet information requirements as specified by the Secretary.

(c) TRAINING PROGRAMS.—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

(d) DURATION OF ASSISTANCE.—

(1) IN GENERAL.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

(2) LIMITATION.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

(e) PEER REVIEW REGARDING CERTAIN PROGRAMS.—Each application for a grant under this title, except advanced nurse traineeship grants under section 811(a)(2), shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

§807. National advisory council on nurse education and practice.

(a) ESTABLISHMENT.—There is hereby established a National Advisory Council on Nurse Education and Practice (in this section referred to as the "Council"), consisting of the Secretary or the delegate of the Secretary (who shall be an ex officio member and shall serve as the Chairperson), and 15 members appointed by the Secretary without regard to the Federal civil service laws, of which—

(1) 2 shall be selected from full-time students enrolled in schools of nursing;

(2) 3 shall be selected from the general public;

(3) 2 shall be selected from practicing professional nurses; and

(4) 8 shall be selected from among the leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services.

A majority of the members shall be nurses. The student-members of the Council shall be appointed for terms of one year and shall be eligible for reappointment to the Council.

(b) DUTIES.—The Council shall advise the Secretary in the preparation of general regulations and with respect to policy matters arising in the administration of this title, including the range of issues relating to nurse supply, education and practice improvement.

(c) FUNDING.—Amounts appropriated under this title may be utilized by the Secretary to support the nurse education and practice activities of the Council.

§808. Technical assistance

Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

§809. Recovery for construction assistance

(a) IN GENERAL.—If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under subpart I of part A (as such subpart was in effect on September 30, 1985)—

(1) the owner of the facility ceases to be a public or nonprofit school,

(2) the facility ceases to be used for the training purposes for which it was constructed, or

(3) the facility is used for sectarian instruction or as a place for religious worship,

the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

(b) NOTICE OF CHANGE IN STATUS.—The owner of a facility which ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or the owner of a facility the use of which changes as described in paragraph (2) or (3) of such subsection shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of the Health Professions Training Assistance Act of 1985, whichever is later.

(c) AMOUNT OF RECOVERY.—

(1) BASE AMOUNT.—The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction.

(2) INTEREST.—

(A) IN GENERAL.—The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of 91-day Treasury bills auctioned during such period.

(B) TIME PERIOD.—The period referred to in subparagraph (A) is the period beginning—

(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of such subsection, or

(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

and ending on the date the amount the United States is entitled to recover is collected.

(d) WAIVER OF RIGHTS.—The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

(e) LIMITATION ON LIENS.—The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility.

PROHIBITION AGAINST DISCRIMINATION BY SCHOOLS ON THE BASIS OF SEX

SEC. [855. [298b-2]] *810* * * *

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CERTAIN GENERALLY APPLICABLE PROVISIONS

SEC. [860. [298b-7]] *810A* (a) APPLICATION FOR GRANTS, COOPERATIVE AGREEMENTS, OR CONTRACTS.— * * *

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(f) EXCEPTIONS.—

(1) IN GENERAL.—To permit new programs to compete equitably for funding under this section, those new programs that meet the criteria described in paragraph (3) shall qualify for a funding preference under this section.

(2) DEFINITION.—As used in this subsection, the term "new program" means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

(3) CRITERIA.—The criteria referred to in paragraph (1) are the following:

(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of nurses to serve underserved populations.

(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

(C) Substantial clinical training experience is required under the program in medically underserved communities.

(D) A minimum of 20 percent of the faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

PART B—NURSE PRACTITIONERS, NURSE MIDWIVES, AND OTHER ADVANCED PRACTICE NURSES

§811. Advanced practice nursing grants

(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of—

(1) projects that support the enhancement of advanced practice nursing education and practice; and

(2) traineeships for individuals in advanced practice nursing programs.

(b) DEFINITION OF ADVANCED PRACTICE NURSES.—For purposes of this section, the term "advanced practice nurses" means nurses trained in advanced degree programs including individuals in combined R.N./Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives or nurse anesthetists, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, nurse midwives, nurse anesthetists, nurse educators, or public health nurses, or in other nurse specialties determined by the secretary to require advanced education.

(c) AUTHORIZED NURSE PRACTITIONER AND NURSE-MIDWIFERY PROGRAMS.—Nurse practitioner and nurse midwifery programs eligible for support under this section are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

(1) meet guidelines prescribed by the Secretary; and

(2) have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities and other health care institutions.

(d) OTHER AUTHORIZED EDUCATIONAL PROGRAMS.—The Secretary shall prescribe guidelines as appropriate for other advanced practice nurse education programs eligible for support under this section.

(e) TRAINEESHIPS.—

(1) IN GENERAL.—The Secretary may not award a grant to an applicant under subsection (a) unless the applicant involved agrees that traineeships provided with the grant will only pay all or part of the costs of—

(A) the tuition, books, and fees of the program of advanced nursing practice with respect to which the traineeship is provided; and

(B) the reasonable living expenses of the individual during the period for which the traineeship is provided.

(2) DOCTORAL PROGRAMS.—The Secretary may not obligate more than 10 percent of the traineeships under subsection (a) for individuals in doctorate degree programs.

(3) SPECIAL CONSIDERATION.—In making awards of grants and contracts under subsection (a)(2), the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced practice nurses who will practice in health professional shortage areas designated under section 332.

PART C—INCREASING NURSING WORKFORCE DIVERSITY

§821. Workforce diversity grants

(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.

(b) GUIDANCE.—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of the First and Second Invitational Congresses for Minority Nurse Leaders on "Caring for the Emerging Majority," in 1992 and 1993, and consult with nursing associations including the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the Black Nurses Association, the Association of Hispanic Nurses, the Association of Asian American and Pacific Islander Nurses, the National Nurses Association, and the Native American Indian and Alaskan Nurses Association.

"(c) REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.—

"(1) IN GENERAL.—Recipients of awards under this section may be required, where requested, to report to the Secretary concerning the annual admission, retention, and graduation rates for ethnic and racial minorities in the school or schools involved in the projects.

"(2) FALLING RATES.—If any of the rates reported under paragraph (1) fall below the average of the two previous years, the grant or contract recipient shall provide the Secretary with plans for immediately improving such rates.

"(3) INELIGIBILITY.—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if

the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

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PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

§831. Basic nurse education and practice grants

(a) IN GENERAL.—The Secretary may award grant to and enter into contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice

(b) PRIORITY AREAS.—In awarding grants or contracts under this section the Secretary shall give priority to entities that will use amounts provided under such a grant or contract to enhance the education mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education for purposes of—

(1) improving nursing services in schools and other community settings;

(2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and battered women;

(3) providing managed care, quality improvement, and other skills needed under new systems of organized health care systems;

(4) developing cultural competencies among nurses;

(5) providing emergency health services;

(6) promoting career mobility for nursing personnel in a variety of training settings and cross training or specialty training among diverse population groups; or

(7) other priority areas as determined by the Secretary.

[Subpart II—Student Loans]

PART E—STUDENT LOANS

SUBPART I—GENERAL PROGRAM

LOAN AGREEMENTS

SEC. 835. (a) * * *

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LOAN PROVISIONS

SEC. 836. (a) * * *

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(1) such a loan may be made only to a student who (A) is in need of the amount of the loan to pursue a full-time or half-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree, or a diploma in nursing, or a graduate degree in nursing, (B) is capable, in the opinion of the school, of maintaining good standing in such course of study, and (C) with respect to any student en-

rolling in the school after June 30, 1986, is of financial need (as defined in regulations issued by the Secretary)[.]*;*

[(2) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the ten-year period which begins nine months after the student ceases to pursue a full-time or half-time course of study at a school of nursing, excluding from such 10-year period all (A) periods (up to three years) of (i) active duty performed by the borrower as a member of a uniformed service, or (ii) service as a volunteer under the Peace Corps Act, [and] (B) period (up to ten years) during which the borrower is pursuing a full-time or half-time course of study at a collegiate school of nursing leading to baccalaureate degree in nursing or an equivalent degree, or to graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing (or training to be a nurse anesthetist), *and (C) such additional period under the terms of paragraph (8) of this subsection*;

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(7) no note or other evidence of any such loan may be transferred or assigned by the school making the loan except that, if the borrower transfers to another school participating in the program under this subpart, such note or other evidence of a loan may be transferred to such other school[.]*; and*

(8) pursuant to uniform criteria established by the Secretary, the repayment period established under paragraph (2) for any student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, has made at least 12 consecutive payments may be extended for a period not to exceed 10 years.

* * * * * * *

(g) A school may provide in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal an interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than [$15] *$40* per month.

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(l) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

(1) PURPOSE.—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

(2) PROHIBITION.—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing that has an agreement with the Secretary pursuant to section 835 that is seeking the repayment of the

amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.

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[AUTHORIZATION OF APPROPRIATIONS FOR STUDENT LOAN FUNDS

[SEC. 837. There are authorized to be appropriated for allotments under section 838 to schools of nursing for Federal capital contributions to their student loan funds established under section 835, $25,000,000 for fiscal year 1976, $30,000,000 for fiscal year 1977, $35,000,000 for fiscal year 1978, $13,500,000 for the fiscal year ending September 30, 1980, $14,000,000 for the fiscal year ending September 30, 1982, $16,000,000 for the fiscal year ending September 30, 1983, and $18,000,000 for the fiscal year ending September 30, 1984, For the fiscal year ending September 30, 1985, and for each of the next two succeeding fiscal years there are authorized to be appropriated such sums as may be necessary to enable students who have received a loan for any academic year ending before October 1, 1984, to continue or complete their education. Of the amount appropriated under the first sentence for the fiscal year ending September 30, 1982, and the two succeeding fiscal years, not less than $1,000,000 shall be obligated in each such fiscal year for loans from student loan funds established under section 835 to individuals who are qualified to receive such loans and who, on the date they receive the loan, have not been employed on a full-time basis or been enrolled in any educational institution on a full-time basis or for at least seven years. A loan to such an individual may not exceed $500 for any academic year.**]**

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DISTRIBUTION OF ASSETS FROM LOAN FUNDS

SEC. 839. **[**(a) After September 30, 1996, and not later than December 31, 1999, there shall be a capital distribution of the balance of the loan fund established under an agreement pursuant to section 835(b) by each school as follows:**]** *(a) If a school terminates a loan fund established under an agreement pursuant to section 835(b), or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:*

(1) The Secretary shall first be paid an amount which bears the same ratio to such balance in such fund **[**at the close of September 30, 1999,**]** *on the date of termination of the fund* as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 835(b)(2)(A) bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 835(b)(2)(B).

* * * * * * *

[(b) After December 31, 1999, each school with which the Secretary has made an agreement under this subpart shall pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school after September 30, 1999, in payment of principal or interest on loans made from the loan

fund established pursuant to such agreement as was determined for the Secretary under subsection (a).]

(b) If a capital distribution is made under subsection (a), the school involved shall, after such capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the loan fund established under section 835(b) as determined by the Secretary under subsection (a).

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PART E—AUTHORIZATION OF APPROPRIATIONS

§841. Authorization of appropriations

There are authorized to be appropriated to carry out section 811, 821, and 831, $62,000,000 for fiscal year 1996, such sums as may be necessary in each of the fiscal years 1997 and 1998, and $59,000,000 for fiscal year 1999.

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§843. Breach of agreement

"(a) IN GENERAL.—In the case of any program under this subpart under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this section is applicable:

(1) In the case of a program under this subpart that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a "nursing program"), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

(A) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

(B) is dismissed from the nursing program for disciplinary reasons; or

(C) voluntarily terminates the nursing program.

(2) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this subpart for the period of time applicable under the program.

(b) WAIVER OR SUSPENSION OF LIABILITY.—In the case of an individual or health facility making an agreement for purposes of subsection (a), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or

the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individiual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

(c) DATE CERTAIN FOR RECOVERY.—Subject to subsection (b), any amount that the Federal Government is entitled to recover under subsection (a) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

(d) AVAILABILITY.—Amounts recovered under subsection (a) with respect to a program under this subpart shall be available for the purposes of such program, and shall remain available for such purposes until expended.

Subpart [III] *II*—Loan Repayment Program

LOAN REPAYMENT PROGRAM

SEC. 846. (a) * * *

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[PART C—GENERAL

[ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE REVIEW COMMITTEE

[SEC. 851. (a) There is hereby established a National Advisory Council on Nurse Education and Practice (in this section referred to as the "Council"), consisting of the Secretary or his delegate, who shall be Chairman, and an ex officio member, and twenty-one members appointed by the Secretary without regard to the civil service laws. Three of the appointed members shall be selected from full-time students enrolled in schools of nursing, four of the appointed members shall be selected from the general public, one of the appointed members shall be selected from practicing professional nurses, one of the appointed members shall be selected from among representatives of associate degree schools of nursing, and twelve shall be selected from among leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services. The student-members of the Council shall be appointed for terms of one year and shall be eligible for reappointment to the Council.

[(b) The Council shall advise the Secretary or his delegate in the preparation of general regulations and with respect to policy matters arising in the administration of this title.

[NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS

[SEC. 852. Nothing contained in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to the personnel, curriculum, methods of instruction, or administration of any institution.

[DEFINITIONS

[SEC. 853. For purposes of this title—

[(1) The term "State" means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

[(2) The term "school of nursing" means a collegiate, associate degree, or diploma school of nursing in a State.

[(3) The term "collegiate school of nursing" means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

[(4) The term "associate degree school of nursing" means a departmental, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

[(5) The term "diploma school of nursing" means a school affiliated with a hospital or university, or an independent school, which provides primary or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

[(6) The term "accredited" when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education, except that a school of nursing seeking an agreement under subpart II of part B for the establishment of a student loan fund, which is not, at the time of the application under such subpart, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of such subpart if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurances that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students who are in their first year of instruction of such school during the fiscal year in which the agreement with such school is made under such subpart; except that the provisions of this clause shall not apply for purposes of section 836. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

[(7) The term "nonprofit" as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

[(8) The term "secondary school" means a school which provides secondary education, as determined under State law except that it does not include any education provided beyond grade 12.

[(9) The terms "construction" and "cost of construction" include (A) the construction of new buildings, and the acquisition, expansion, remodeling, replacement, and alteration of existing buildings, including architects' fees but not including the cost of acquisition of land (except in the case of acquisition of an existing building), off-site improvements, living quarters, or patient-care facilities, and (B) equipping new buildings and existing buildings, whether or not acquired, expanded, remodeled, or altered. For purposes of this paragraph, the term "buildings" includes interim facilities.

[(10) The term "interim facilities" means teaching facilities designed to provide teaching space on a short-term (less than ten years) basis while facilities of a more permanent nature are being planned and constructed.

[(11) The term "medically underserved community" has the meaning given such term in section 799.

[ADVANCE FUNDING

[SEC. 854. Any appropriation Act which appropriates funds for any fiscal year for grants, contracts, or other payments under this title may also appropriate for the next fiscal year the funds that are authorized to be appropriated for such payments for such next fiscal year; but no funds may be made available therefrom for obligation for such payments before the fiscal year for which such funds are authorized to be appropriated.]

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[DELEGATION

[SEC. 856. The Secretary may delegate the authority to administer any program authorized by this title to the administrator of a central or regional office or offices in the Department of Health and Human Services, except that the authority—

[(1) to review, and prepare comments on the merit of, any application for a grant or contract under any program authorized by this title for purposes of presenting such application to the Advisory Council on Nurses Education, or

[(2) to make such a grant or enter into such a contract, shall not be further delegated to any administrator of, or officer in, any regional office or offices in the Department.

[TECHNICAL ASSISTANCE

[SEC. 857. Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

[RECOVERY FOR CONSTRUCTION ASSISTANCE

[SEC. 858. (a) If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which funds have been paid under subpart I of part A (as such subpart was in effect on September 30, 1985)—

[(1) the owner of the facility ceases to be a public or nonprofit school,

[(2) the facility ceases to be used for the training purposes for which it was constructed, or

[(3) the facility is used for sectarian instruction or as a place for religious worship,

the United States shall be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

[(b) The owner of a facility which ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or the owner of a facility the use of which changes as described in paragraph (2) or (3) of such subsection shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of the Health Professions Training Assistance Act of 1985, whichever is later.

SEC. 1213. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF ALLOTMENTS.

(a) * * *

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(8) to provides for the use of procedures by paramedics and emergency medical technicians to assess the severity of the injuries incurred by trauma patients;

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TITLE XII—TRAUMA CARE

PART A—GENERAL AUTHORITY AND DUTIES OF SECRETARY

SEC. 1201. [300d] ESTABLISHMENT.

(a) IN GENERAL.— * * *

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PART E—MISCELLANEOUS PROGRAMS

SEC. 1251. [300d-51] RESIDENCY TRAINING PROGRAMS IN EMERGENCY MEDICINE.

(a) IN GENERAL.— * * *

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§1252. State grants for demonstration projects regarding traumatic brain injury

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration projects to improve the availability of health services regarding traumatic brain injury.

(b) STATE ADVISORY BOARD.—

(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State involved agrees to establish an advisory board within the appropriate health department of the State or within another department as designated by the chief executive officer of the State.

(2) FUNCTIONS.—An advisory board established under paragraph (1) shall be cognizant of findings and concerns of Federal, State and local agencies, citizens groups, and private industry (such as insurance, health care, automobile, and other industry entities). Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs.

(3) COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

(A) representatives of—

(i) the corresponding State agencies involved;

(ii) public and nonprofit private health related organizations;

(iii) other disability advisory or planning groups within the State;

(iv) members of an organization or foundation representing traumatic brain injury survivors in that State; and

(v) injury control programs at the State or local level if such programs exist; and

(B) a substantial number of individuals who are survivors of traumatic brain injury, or the family members of such individuals.

(c) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs to be incurred by a State in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State agrees to make available, in cash, non-Federal contributions toward such costs in an amount that is not less than $1 for each $2 of Federal funds provided under the grant.

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(e) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

(f) REPORT.—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and results of the programs established under this section, including measures of outcomes and consumer and surrogate satisfaction.

(g) DEFINITION.—For purposes of this section, the term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.

(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $5,000,000 for fiscal year 1996, and such sums as may be necessary for each of the fiscal years 1997 and 1998.

PART F—INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

SEC. 1261. [300d–61] ESTABLISHMENT OF PROGRAM.

(a) IN GENERAL.— * * *

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(d) CERTAIN ACTIVITIES OF PROGRAM.—The Program shall include—

(1) * * *

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(2) basic and clinical research regarding the response of the body to trauma and the acute treatment and medical rehabilitation of individuals who are the victims of trauma; **[**and**]**

(3) basic and clinical research regarding trauma care for pediatric and geriatric patients**[**.**]** *; and*

(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research; and

(D) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training.

(h) * * *

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(1) * * *

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(4) The term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.

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TITLE XV—PREVENTIVE HEALTH MEASURES WITH RESPECT TO BREAST AND CERVICAL CANCERS

SEC. 1501. ESTABLISHMENT OF PROGRAM OF GRANTS TO STATES.

(a) * * *

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[(c)] *(d)* Coordinating Committee Regarding Year 2000 Health Objectives.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee to coordinate the activities of the agencies of the Public Health Service (and other appropriate Federal agencies) that are carried out toward achieving the objectives established by the Secretary for reductions in the rate of mortality from breast and cervical cancer in the United States by the year 2000. Such committee shall be comprised of Federal officers or employees designated by the heads of the agencies involved to serve on the committee as representatives of the agencies, and such representatives from other public or private entities as the Secretary determines to be appropriate.

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[ESTABLISHMENT OF] OFFICE OF MINORITY HEALTH

Sec. 1707. [300u–6] (a) In General.— * * *

* * * * * * *

[(b) Duties.—The Secretary shall, with respect to the health concern of individuals from disadvantaged backgrounds, including racial and ethnic minorities—

[(1) establish short-range and long-range goals and objectives and coordinate all other activities within the Department of Health and Human Services that relate to disease prevention, health promotion, service delivery, and research concerning such individuals;

[(2) enter into interagency agreements with other agencies of the Service to increase the participation of such individuals in health service and promotion programs;

[(3) establish a national minority health resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exhange of such information (including facilitating the development of materials for such technical assistance);

[(4) support research, demonstrations and evaluations to test new and innovative models, to increase knowledge and understanding of health risk factors, and to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including racial and ethnic minorities;

[(5) coordinate efforts to promote minority health programs and policies in the voluntary and corporate sectors;

[(6) develop health information and health promotion materials and teaching programs, including—

[(A) models for the training of health professionals;

[(B) model curriculums to be used in primary and secondary schools and institutions of higher learning;

[(C) materials and programs for the continuing education of health professionals;

[(D) materials for public service use by the print and broadcast media; and

[(E) materials and programs to assist health care professionals in providing health education to their patients;

[(7) assist providers of primary health care and preventive health services in obtaining, with respect to the provision of such care and services, the assistance of bilingual health professionals and other bilingual individuals (including such assistance in the provision of services regarding maternal and child health, nutrition, mental health, and substance abuse); and

[(8) support expansion and enhancement of tertiary perinatal facilities in rural States with infant mortality rates among individuals from disadvantaged backgrounds, including minorities, that are significantly above the national average for such rates.

[(c) Certain Requirements Regarding Duties.—

[(1) Equitable allocation of services.—In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the Secretary.

[(2) Appropriate context of services.—In carrying out subsection (b), the Secretary shall ensure that information and services provided under such subsection are provided in the language and cultural context that is most appropriate for the individuals for whom the information and services are intended.

[(3) Bilingual assistance regarding health care.—In carrying out subsection (b)(7), the Secretary shall give special consideration to the unique linguistic needs of health care providers serving Asians, and American Samoans and other Pacific Islanders, including such needs regarding particular subpopulations of such groups.

[(d) GRANTS AND CONTRACTS REGARDING DUTIES.—

[(1) AUTHORITY.—In carrying out subsection (b), the Secretary may make grants to, and enter into cooperative agreements and contracts with, public and nonprofit private entities.

[(2) EVALUATION AND DISSEMINATION.—

[(A) The Secretary shall, directly or through contracts with public and private entities, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information development as result of such projects.

[(B) Not later than January 20 of fiscal year 1993 and of each second year thereafter, the Secretary shall prepare a report summarizing evaluations carried out under subparagraph (A) during the preceding 2 fiscal years. The report shall be included in the report required in subsection (e) for the fiscal year involved.

[(e) REPORTS.—Not later than January 31 of fiscal year 1993 and of each second year thereafter, the Secretary shall submit to the Congress a report describing the activities carried out under this section during the preceding 2 fiscal years.

[(f) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $25,000,000 for each of the fiscal year 1991 through 1993.

[(2) ALLOCATION OF FUNDS BY SECRETARY.—Of the amounts appropriated under paragraph (1) in excess of $15,000,000, the Secretary shall make available not less than $3,000,000 to carry out subsection (b)(7).]

(b) DUTIES.—With respect to improving the health of racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary for Minority Health (in this section referred to as the "Deputy Assistant Secretary"), shall carry out the following:

(1) Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals. The heads of each of the agencies of the Service shall consult with the Deputy Assistant Secretary to ensure the coordination of such activities.

(2) Carry out the following types of activities by entering into interagency agreements with other agencies of the Public Health Service:

(A) Support research, demonstrations and evaluations to test new and innovative models.

(B) Increase knowledge and understanding of health risk factors.

(C) Develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds including individuals who are members of racial or ethnic minority groups.

(D) Ensure that the National Center for Health Statistics collects data on the health status of each minority group.

(E) With respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.

(3) Support a national minority health resource center to carry out the following:

(A) Facilitate the exchange of information regarding matters relating to health information and health promotion, prevention health services, and education in the appropriate use of health care.

(B) Facilitate access to such information.

(C) Assist in the analysis of issues and problems relating to such matters.

(D) Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance).

(4) Carry out programs to improve access to health care services for individuals with limited proficiency in speaking the English language by facilitating the removal of impediments to the receipt of health care that result from such limitation. Activities under the preceding sentence shall include conducting research and developing and evaluating model projects.

(5) Not later than June 8 of each year, the heads of the Public Health Service agencies shall submit to the Deputy Assistant Secretary a report summarizing the minority health activities of each of the respective agencies.

(c) ADVISORY COMMITTEE.—

(1) IN GENERAL.—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Minority Health (in this subsection referred to as the "Committee"). The Deputy Assistant Secretary shall consult with the Committee in carrying out this section.

(2) DUTIES—The Committee shall provide advice to the Deputy Assistant Secretary carrying out this section, including advice on the development of goals and specific program activities under paragraphs (1) and (2) of subsection (b) for each racial and ethnic minority group.

(3) CHAIR.—The Deputy Assistant Secretary shall service as the chair of the Committee.

(4) COMPOSITION.—

(A) The Committee shall be composed of 12 voting members appointed in accordance with subparagraph (B), and nonvoting, ex officio members designated in subparagraph (C).

(B) The voting members of the Committee shall be appointed by the Secretary from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. The racial and ethnic minority groups shall be equally represented among such members.

(C) The nonvoting, ex officio members of the Committee shall be the directors of each of the minority health offices, and such additional official of the Department of Health and Human Services as the Secretary determines to be appropriate.

(5) TERMS.—Each member of the Committee shall serve for a term of 4 years, except that the Secretary shall initially appoint a portion of the members to terms of 1 year, 2 years, and 3 years.

(6) VACANCIES.—If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not effect the power of the remaining members to execute the duties of the Committee.

(7) COMPENSATION.—Members of the Committee who are officers or employees of the United States shall serve without compensation. Members of the Committee who are not officers or employees of the United States shall receive compensation, for each day (including travel time) they are engaged in the performance of the functions of the Committee. Such compensation may not be in an amount in excess of the daily equivalent of the annual maximum rate of basic pay payable under the General Schedule (under title 5, United States Code) for positions above GS-15.

(d) CERTAIN REQUIREMENTS REGARDING DUTIES.—

(1) RECOMMENDATIONS REGARDING LANGUAGE AS IMPEDIMENT TO HEALTH CARE.—The Deputy Assistant Secretary for Minority Health shall consult with the Director of the Office of Refugee Health, the Director of the Office of Civil Rights, and the Director of the Office of Minority Health of the Health Resources and Services Administration, and other appropriate offices, regarding recommendations for carrying out activities under subsection (b)(4).

(2) EQUITABLE ALLOCATION REGARDING ACTIVITIES.—

(A) In making awards of grants, cooperative agreements, or contracts under this section of section 338A, 338B, 340A, 404, or 724, or part B of title VII, the Secretary, acting as appropriate through the Deputy Assistant Secretary or the Administrator of the Health Resources and Services Administration, shall ensure that such awards are equitably allocated with respect to the various racial and minority populations.

(B) With respect to grants, cooperative agreements, and contracts that are available under the sections specified in subparagraph (A), the Secretary shall—

(i) carry out activities to inform entities, as appropriate, that the entities may be eligible for awards of such assistance;

(ii) provide technical assistance to such entities in the process of preparing and submitting applications for the awards in accordance with the policies of the Secretary regarding such application; and

(iii) inform populations, as appropriate, that members of the populations may be eligible to receive services or otherwise participate in the activities carried out with such awards.

(3) CULTURAL COMPETENCY OF SERVICES.—The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.

(e) GRANTS AND CONTRACTS REGARDING DUTIES.—

(1) IN GENERAL.—In carrying out subsection (b), the Deputy Assistant Secretary may make awards of grants, cooperative agreements, and contracts to public and nonprofit private entities.

(2) PROCESS FOR MAKING AWARDS.—The Deputy Assistant Secretary shall ensure that awards under paragraph (1) are made only on a competitive basis, and that a grant is awarded for a proposal only if the proposal has been recommended for such an award through a process of peer review and has been so recommended by the advisory committee established under subsection (c).

(3) EVALUATION AND DISSEMINATION.—The Deputy Assistant Secretary, directly or through contracts with public and private entities, shall provide for evaluations of projects carried out with awards made under paragraph (1) during the preceding 2 fiscal years. The report shall be included in the report required under subsection (f) for the fiscal year involved.

(f) BIENNIAL REPORTS.—Not later than February 1 of fiscal year 1996 and of each second year thereafter, the Deputy Assistant Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities carried out under this section during the preceding 2 fiscal yeas and evaluating the extent to which such activities have been effective in improving the health of racial and ethnic minority groups. Each such report shall include the biennial reports submitted to the Deputy Assistant Secretary under section 201(b)(5) for such years by the heads of the Public Health Service agencies.

(g) DEFINITION.—For purposes of this section:

(1) The term 'racial and ethnic minority group' means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics.

(2) The term "Hispanic" means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

(h) FUNDING.—For the purpose of carrying out this section, there are authorized to be appropriated $21,000,000 for fiscal year 1996, such sums as may be necessary for each of the fiscal years 1997 and 1998, and $19,000,000 for fiscal year 1999.

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SEC. 2004. BUY-AMERICAN PROVISIONS.

[(a) COMPLIANCE WITH BUY AMERICAN ACT.—No funds appropriated pursuant to this Act for any of the fiscal years 1994 through 1996 may be expended by an entity unless the entity agrees that in expending the assistance the entity will comply with sections 2 through 4 of the Act of March 3, 1933 (41 U.S.C. 10a–10c, popularly known as the "Buy American Act").

[(b) PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case

(a) SENSE OF CONGRESS REGARDING PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case of any equipment or product that may be authorized to be purchased with financial assistance provided pursuant to this Act for any of the fiscal years 1994 through 1996, it is the sense of the Congress that entities receiving such assistance should, in expending the assistance, purchase only American-made equipment and products.

[(2) NOTICE TO RECIPIENTS OF ASSISTANCE]

(b) NOTICE TO RECIPIENTS OF ASSISTANCE.—In providing financial assistance pursuant to this Act, the Secretary of Health and Human Services shall provide to each recipient of the assistance a notice describing the statement made in [paragraph (1)] *subsection (a)* by the Congress.

PUBLIC LAW 103–183

PREVENTIVE HEALTH AMENDMENTS OF 1993

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TITLE VI—TRAUMA CARE SYSTEMS

SEC. 601. REVISIONS IN PROGRAMS RELATING TO TRAUMA CARE.

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(b) ADISORY COUNCIL.—[Section 1201 of the Public Health Service Act (42 U.S.C. 300d)] *Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.)* is amended—

* * * * * * *

(f) * * *

(1) [in section 1204(c)] *in section 1203(c) as redesignated by subsection (b)(2) of this section),* by inserting before the period the following: "determines to be necessary to carry out this section";

* * * * * * *

SEC. 602. AUTHORIZATION OF APPROPRIATIONS.

Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d–32(a)) is amended by striking [for the purpose] *For the purpose* and all that follows and inserting the following: "For the purpose of carrying out parts A and B, there are authorized to be appropriated $6,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.".

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SEC. 705. ALIGNMENT OF CURRENT CENTERS FOR DISEASE CONTROL AND PREVENTION REAUTHORIZATION SCHEDULE.

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(B) PROSTATE CANCER PREVENTION.—Section **[**317D(l)(1)**]** *317D(l)(1)* of the Public Health Service Act (42 U.S.C. 247b—5(l)(1)) is amended by striking "through 1996" and inserting "through "1998".

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DISADVANTAGED MINORITY HEALTH IMPROVEMENT ACT OF 1990

Title 42—United States Code

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SEC. 254c-1. GRANTS FOR HEALTH SERVICES FOR PACIFIC ISLANDERS.

(a) GRANTS.—

* * * * * * *

(b) USE OF GRANTS OR CONTRACTS.—Grants or contracts made or entered into under subsection (a) of this section shall be used, among other items—

(1) * * *

* * * * * * *

(2) to improve the quality and availability of health, *substance base* and mental health services and systems, with an emphasis therein on preventive health services and health promotion programs and projects**[**, including improved heath data systems**]**;

(3) to improve the quality and availability of health **[**manpower**]** *care providers,* including programs and projects to train new and upgrade the skills of existing health professional **[**by—

[(A) establishing dental officer, dental assistant, nurse practitioner, or nurse clinical specialist training programs;

[(B) providing technical training of new auxiliary health workers;

[(C) upgrading the training of currently employed health personnel in special areas of need;

[(D) developing long-term plans for meeting health profession needs;

[(E) developing or improving programs for faculty enhancement or post-doctoral training; and

[(F) providing innovative health professionals training initiatives (including scholarships) targeted toward ensuring that residents of the Pacific Basin attend and graduate from recognized health professional programs;**]**

(4) * * *

[(5) to improve facility and equipment repair and maintenance systems;

[(6) to improve alcohol, drug abuse, and mental health prevention and treatment services and systems;**]**

[(7)**]** to improve local and regional planning systems; **[**and**]**

***[**(8)**]** to improve basic local public health systems, with particular attention to primary care and services to those most in need**[**.**]**;*

(7) to provide primary health care, preventive health care, and related training to American Samoa health care professionals; and

(8) *to improve access to health promotion and disease prevention services for rural American Samoa.*

* * * * * * *

(f) AUTHORIZATION OF APPROPRIATION.—[There is] *There are* authorized to be appropriated to carry out this section [$10,000,000 for each of the fiscal years 1991 through 1993] *$3,000,000 for fiscal year 1995, $4,000,000 for fiscal year 1996, and $5,000,000 for fiscal year 1997*

(g) STUDY AND REPORT.—

(1) STUDY.—Not later than 180 days after the date of enactment of this subsection, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall enter into a contract with a public or nonprofit private entity for the conduct of a study to determine the effectiveness of projects funded under this section.

(2) REPORT.—Not later than July 1, 1996, the Secretary shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the findings made with respect to the study conducted under paragraph (1).

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